MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



08696

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Minnie My. arnol	3. (b) Social Security Number
4. Sex 5. Color race 6.(a) Single, married, widowed, or divorced female White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 3 19 47 at 11 7 M
8. (b) Name of husband or wife T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7 3 0 9 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name Days If less than one day (Town, county, and state) 13. Birthplace Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.42, to 3 19.42, and that I last saw has alive on 3 19.42. Immediate value of death DURATION LO days Due to Carolio Vas cular Disease. 2 3400 Due to (Include pregnancy within 3 months of death)
14. Malden name. Clisa Waring 15. Birthplace a Ca Ca Orda 16. Informant P. Herry arnold Address Lenturie a Ca Co Ma 17. Ornical (Burial, cremation, or reliqual, Which?) Cemetery or crematory (month) (day) (year) Location Arnold M. January Location Arnold M. Location Arnold M. January Location Arnold M.	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till to the following; Accident, suicide, or homicide. Date of
18. Funeral director Address Address 19. Oct. 44 19. (Date rec'd by/registrar) 18. Funeral director 19. T. L. Ollh Registrar	23. SIGNATURE James J. Beelingolea M. D. or other Address Glen Bernes. Md Date signed Oct 3 1947.



MARGIN RESERVED FOR BINDING

V. S. No. 1

tate N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item-PHYSICIANS show be properly classified. Exact statement of AGE should be stated EXACTLY. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	08697
County Unne arundles,	Registration Dist. No. 23
Village or City Elen Burne	No 113 12 am 5 W. St Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Wellington Whitmore arnold	
(a) Residence: No. (Usual place of abode)	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ON . 12 1967
En 14 married wide and an aliment	(Month) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of M. Asnord.	22. I HEREBY CERTIFY, That t attended deceased from 1945 to Oct 12 1947
6. DATE OF BIRTH (month, day, and year) July 31, 1897	I lest sew h alive on Ord //, 19_47_; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Chrosi Valuela Degram of the Ikal Date of onset 2 years
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked et this occupation (month end 1943) spent in this occupation occupation	
12. BIRTHPLACE (city or town) — Frederica 6. ma. (State or country)	Other Contributory Causes of importance: 10 gran
13. NAME actor Colorad armord.	
13. NAME Actor Column Caracta 14. BIRTHPLACE (city or town) (State or country)	Name of operation 71 0000 Date of
IS MAIDEN NAME Rose M. 1400d.	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Frederice Co. ms (State or country)	23. If daath was dua to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homielde?
17. INFORMANT Trus. U. U. U. arnold. (Address) Glas Burne. no	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL Placa M. asy md Date ON 13 , 1947	Manner of injury
19. UNDERTAKER C. M. Walty (Address) mo airy my	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Part 12 19 47 Isolba Registrar.	(Signed) Lama S. Bellingolia M. O. (Address) Elea Burnie Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

301200

WRITE

PLEASE

VS A15

I I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Battimore

93d

08699

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County	Arundel
How long in above place of dealh? (If outside eity or town limits, write RU.	RAL and give nearest town)
Hospital, institution, or street address where dealh occurred: 56 Northwest Street No. 56 Northwest	
(If Paral, give LOCATION	1)
How long In hospital or institution?	
3. (a) FULL NAME	Social Security Number
Albert Bias	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFIC	CATION
Male Colored Married 20. DATE OF DEATH OCT 3/	1947 at 10:30P
6.(b) Name of husband or wife	
7. Birth date of 35 - 70 7000 and that I last saw h alive on	19
deceased (mo., day, yr.) May 18, 1879	
8. AGE: Years Months Days If less than one day	
68 5 I3min.	a days
9. Birthplace Due to Dypulance County, and state)	Disease
9. Birthplace (Town, eounty, and atate)	
10. Usual occupation Building Attendant	***************************************
11. Industry or business	***************************************
12 Name Frank Bias Diher conditions	
E Md.	
(Include pregnancy within 3 months of d	eath)
14. Malden name Mary Ellen Watkins 15. Birthplace Md. (Include pregnancy within 3 months of d. Major fieldings of operations.	
15. Birthplace Md.	.Date of op
Actors Mrs Mary Dias Dell Actors results	***************************************
Address 56 Northwest St. PHYStCIAN: Please moderline the cause to which death a	hould be charged statistically.
22. VIOLENCE: If death was due to external causes, till in the	ne following:
Burial Date theree Nov. 5. 1947 (Rurial cremation, or removal Which?) Accident, suicide, or homicide	. Date of
Brewer Hill Where did Injury occur?	(Chana)
Cemetery or crematory (City or town) Annapolis, Md. Injured at home, farm, Industry, public place (where?)	
Location	jured at work?
18. Funeral director. JBJOHISON	jured at Work?
Address Annapolis, No. P. O. Box 462	hel
23. SIGNATURE	M. D. or other
19. NOV. 5, 19 47 / United to Herland Street	Oate signed 11/34/17

NOV 6 1947

IARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08700

CERTIFICATE OF DEATH

Reg. Dlat. No. 25

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1119 Stockton Street (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Married	MEDICAL CERTIFICATION 20. DATE OF DEATH October 30th 19.47 18:45 A.
6.(b) Name of husband or wife George Boone 6.(c) It alive, give age years 7. Sirih date of deceased (mo., day, yr.) Unknown to us Sept. 1881	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from February 27th 1936 to October 30th 19 47 and that I last asw h. er alive on October 30th 18 47
8. AGE: Years Months Days It less than one day Property	Immediate cause of death. Cerebral Hemorrhage DURATION one day
9. Birthplace	Oue to Malignant Hypertension Known to us since 2/27/
12. Name. Moses Carter 13. Birthplace Virginia	Other conditions Schizophrenia Known to us sin ce 2/27/1936
14. Malden name Laura Taylor Virginia	(Include pregnancy within 3 months of death) Major findings of operations
Address Crownsville, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
Burial, cremation, or removal. Which?) AR to proceed the company of the company	Accident, aulcide, or homicide
Location Balto. Bo-	Injured at home, farm, industry, public place (whera?)
Address 1011 M. Arlington One Balls.	23. SIGNATURE and Morpeuster M. D. or other
19. (Date rec'd by opistrar) 19. 47 (Market	Address Grownsville, Maryland Date signed 10/30/47

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HE	MARYL	AND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

City or townCro(If How long in above plac Hospital, institution, o Crownsvil How long in hospital of	e Arundel wmsville outside city or town se of death? By or street address where le State H or Institution? 4. y	Maryla imits, write ears, 7 death occurre ospita	nd RURAL and give nearest town) months, 21 days d: 1,Crownsville,Md. months, 21 days	2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants give residence of mother) State	URAL and give nearest town)	
3. (a) FULL NAM		ROWN		3. (b)	Social Security Number	
4. Sex Female	5. Color or race Negro		le, married, widowed, or divorced idowed	MEDICAL CERTIFICATION OCTOBER, 8th		
7. Birth date of			(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; February 17, 1943 and that I last saw her alive on October 81	thal I attended deceased from October 8th 47	
8. AGE: Year of O	s Months	Oays	It less than ons dayhrsmin.	Immediato cause of death Hypertensive a Cardiovascular Disease	since 2/17/13	
10. Usual occupation. 11. Industry or busines 12. Name	Domestic senry Jeffe Maryland	rson	atate)	Oue to	teriosclerotic isease Known to u	
ts. Informant. Hospital Records				Major findings of operations		
t7 Quantitative (Burial, cremation Cemetery or cremate Location	Plant G	Date ther	eof (47 (year) (month) (day) (year) (hapel)	22. VIOLENCE: If death was due to external causes, till in the Accident, suicide, or homicide	he tollowing; Date of	



PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08702

CERTIFICATE OF DEATH

v. Diat. No. 21

1. PLACE OF DEATH: annl arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For purporn infantogive residence of mother)
(If outside city or town mits, write RURAL and give nearest town)	State City or fown
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred: 1909West St ausuepole leed	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Covings J.	Brundage 3. (b) Social Security Number
4. Sep) 5. Color or face 6.(a) Single, margied, widowed, and vorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH OCK 38 19 47 21 3 FF M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 60 years	Cert 29 1043, 10 Cert 28 1047
1 2 Block date of	and that I last saw h Apa alive on Cent 27 18 4-7.
deceased (mo., dey, yr.) March 17 1887	Immediate cause of death
8. AGE: Years Months Days If less than one day	Commun acleur
9. Birthplace Mew Yorks State	Due to artimolismosis
10. Usual occupation. Pile allowing	Due to Plunisy?
11. Industry or business	
12. Namo nollemale Brundage 13. Birthplaco?	Other conditions
	(Include pregnancy within 8 months of death)
E 14. Malden name Lillie Owings	Major findings of operations
15. Birthplace Shadyselle, land	Dato of op.
16. Informant anya principagg	Aotopsy results
Address Gally Man	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal) Which? Date thereof O 70 (197) (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Symbols Course	Where did Injury occur?
Location Halewell The	Injured at home, farm, Industry, public place (where?)
18. Funeral director of the state of the sta	Means of Injury tnjured at work?
Address Salesville Mil.	23 SIGNATURE Bris N. Wilson, M.D.
19. Oct 29 19 47	Address Latina M. D. or other Dato signed 10 129/42.
(Date tee a place in the interior	- Marie

merch 17 60 1897 Cornwall - on - Heelen . N.Y. 1886 1 day at Owings 61 11 AM Thurs . Oakland miss may Hardesty allan Orvenes The aurhyeller hero lan alwell armyalen Balt wash

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

08703

CERTIFICATE OF DEATH

Reg. Dist. No. 21

- DIAGRATI DELETII	2 HIGHAL DESIDENCE (HOME) OF DECEASED.
1. PLACE OF DEATH: Anne Arundel Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	state Maryland county Anne Arundel Co.
Cily or town Parole Md. near Annapolis (If outside city or town limits, write RURAL and give nearest town)	City or town Parole Md. near Annapolis (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 56 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Parole Md. near Annapolis	Street No. ((frural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3.(a) FULL NAME Charles Carter	3. (b) Social Security Number — None—
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATHOctober 9, 18 42, II: IOAA
6.(b) Name of husband or wife. Mary Lane Carter 6.(c) If allve, give age. **** years	21. I CERTIFY that death occurred on the date above stated; that t attended decreased from September 29 19 47 to October 9,18 47 and that t tast saw him alive on October 9, 19 47
deceased (mo., day, yr.) August 20, 1867	Immediate cause of death
0. AGE:	Cardiac Failure
80 1 19hrsmin.	
9. Sirthplace Annapolis Md. (Town, county, and state) 1D. Usual occupation Government Employee	Due to. Hypertensive Cardio Vascular Disease.
11. Industry or business None	
≝ 12. Name William Carter	Other conditions
13. Birthplace Unknown	(Include pregnancy within 3 months of death)
14. Malden name. Elizabeth Simms 15. 8irthplace Unknown 16. Informant. Mary Carter Markette Herndon	
IInknown	Major findings of operations
∑ 15. 8irthplace	Date of op.
	Antopsy results
Address Parole Md. near Annapolis	
Burial Burial Date thereot 10-12 -47 (Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	22. VtOLENCE: tt death was due to external causes, till in the tollowing:
	Accident, suicide, or homicide
Cemetery or crematory Brewer Hill	Where did injury occur?
West Street Extended	Injured at home, farm, industry, public place (where?)
18. Funeral director Mrs. Charles E. Hicks	Means of injury injured at work?
Address 43-45 Northwest Street	as CIANTINE M. Colonson h.
19. Date rec'd by registrar 19. 47. Registrar	23. SIGNATURE M. D. or other 10/10/42 Address Date signed



is especially

PLEASE WRITE PLAINLY

VS A15

ourect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

Address Grownsville, Maryland

0870405 Reg. Diat. No. 28

CERTIFICATE OF DEATH

	CERTIFICATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	State
JAMES CHESLEY	5 (c) 8 com 2 com 3 com 5 com
	, widowed, or divorced MEDICAL CERTIFICATION 2D. DATE DF DEATHQctober 9th
01.11001	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9. Sirthplace	Due to Cerebral Arteriosclerosis Known to us for 6 years
12. NameFrankChesley 13. Birthplace Maryland 14. Maiden nameLucyLepen 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
16. InformantHospital Records	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Crownsville, Karyland 17. Burial, cremation, or removal, Which?) Cemetery or crematory. The t	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



SE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09502

Reg. Diat. No.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Crownsville, Karyland (If outside city or town limits, write RURAL and give nearest town) months, 9 days

How long in above place of death? Hospital, Institution, or street address where death occurred:
Crownsville State Hospital, Crownsville, Md

3 months, 9 days How long in hospital or institution?

(For newborn infants give residence	
Maryland	County
Baltimore	· ·
(If outside city or town ii	mits, write RURAL and give nearest town)
1706 Redwood	Street.

(If rural, give LOCATION)

3. (a) FULL NAME TARES OF AMBON

Registrar

3. (b) Social Security Number

	UAMES	CLAITO	N
Sex Male	5. Color or race Negro	6.(a)Single	e, married, widowed, or divorced dowed
(h) Name of Sushand	Unkno	wn	
(b) Name of husband Birth date of	?		c) If allve, give ageyears
deceased (mo., day.)			
. AGE: Years		Days	It less than one dayhrsmin.
Birthplace	Unknown muel ? aryland Sarah Maryland	county, and	state)
n	ospital Red	cords	
6. Informant	wnsville, l		
Cemetery or cremate	own	will	eof (1/12-4) (month) (day) (year) The fitse

	MEDICAL CERTIF	ICATION	
20, DATE OF DEATH	October 30th	19. 47	10:30P
21. I SERVIEY that de	ath occurred on the date above stated:	that I attended decea	
aed that I last saw h.	im October	30th	19.47
	l"Arteriosclerosi	since	
Due to	•••••		
	•••••		
Due to	***************************************		
Other conditions	neral Arterioscle		wn to us
(In	clude pregnancy within 3 months of		1/42/41
Major findings of or	perations	********************************	
	***************************************	Cate of op	
	underline the cause to which deat	h should he charged	statistically.
22. VIOLENCE: If	leath was due to external causes, fill l	n fhe following:	
Accident, suicide, or	homicide	Date of	
Where did Injury occ	(City or town)	(County)	(State)
Injured at home, fam	n, Industry, public place (where?)		
Means of Injury		Injured at work?	
	real Atom	ouster.	(hu)

Crownsville, Maryland



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

08705

CERTIFICATE OF DEATH

Reg. Diat. No. 21

1. PLACE OF DESTH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Arrived	State Maryland County Army Hrundle
City or town	State County
	City or fown (if outside city or town limits, write BURAL and give nearest town)
How long in above place of death?	22 Mary land Ar Chase Home
	Street No
How long in hospitat or institution?	2.(a) If veteran, name war
3 (a) FULL NAME	6 . (1) 3. (b) Social Security Number
Cecelia Cook &	Jetry
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale White wilow single	20. DATE OF DEATH OCT. 7. 19 47 21 12 - A
	21. I CERTIEY that death occurred on the date abore stated; the comments of th
6.(b) Name of husband or wife	
	s fortmorten Examination 15
7. Birth date of Oct. 7 1853	recessorements Oct 7, 19.7
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death
o. Aut.	
94hrsmin	went Newstation of reast puese
9. Birtholace Davidsmill AACo Mt	Due to.
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Nomas Delty 13. Birtholace Maryland	Dther conditions
13. Birthplace Manyland	(Include pregnancy within 3 months of death)
14. Malden name Mary Run Hodges 15. Birthotace P Mary land.	Major findings of operations
5 15 Birthaines 2 mary land.	Bate of op.
Robert Ant	
16. Informant	Aulopsy results
Address 1927 Casalel AR Haltings Ma	
17. Bureal Bate thereof Get 9=1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or range). Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Illen Hanes	Where did injury occur?
You Bussia	Injured at home, tarpo, Industry, public place (where?)
Location	Means of Injury () Injured at work?
18. Funeral director 15 July Villance Sou Coluc	no mount of mounts
MINI TO DO STATE 120	18 My mx latte MI medical
Address W. Mostle Clue & Jaconina 19	23. SIGNATURE M. D. of other
10 UCT. 8, 194///	Annaboles MI m- y-4
(Date rec'd by registrar) Registra	Address Dale signed 7



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08706

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County A	(For newborn infants give residence of mother)
City or town (If outside city town limits, write RURAL and give nearest town)	State County G. G.
(If outside city of town limits, write RURAL and give nearest town)	City or town Brooklyn -
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5 710 Magne Jx.
5710 Magie St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
9 . Ass Sometail D	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	rey
3. Solor of face of Coloringie, married, modera, or directed	/ MEDICAL CERTIFICATION
male White Widow	20. DATE OF DEATH OCK: 1947, at 0544 M
Violet Land	21_I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife.	100
7. Birth date of	
	and that I last saw had alive on
ueceased (mo., day, yr.)	Immediate cause of death DURATION
o. non.	Carlio Vascula Disease 1 day.
81 3 23	
a Richardea W. Va	
9. Birthplace	Due to
10. Usual occupation Corporaly.	
10. Usual occupation	Due to
11. Industry or business	
12. Name Alorsey	Other conditions Levelvof Damarting 24.
E 13. Birthplace West Dirginia	
M Dane	(Include pregnancy within 8 months of death)
= 14. Malden name.	Major findings of operations
2 15. Birthplace West Ulracina	Date of op.
man Q1 110-	
18. Informani 1000	Autopsy results
Address & 704 Magic St.	
Busine 11 PA /4/2/7	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
100da 1 1/210	Where did Injury occur?
Cemetery or crematory	Where did injury occur?
Location ITITCHIE HEHWAY	Injured at home, farm, Industry, public place (where?)
18. Funeral director SOHNE DENNY, INC	Means of injury Injured at work?
Address 7/5 LIGHT ST3.0	22 28 22 (25
	23. SIGNATURE
19 (CCT 4 19 47 U.W. ledrech.	M. D. or other
(Date ree'd by registrar) Registrar	Address with com - Date signed 0-1-47

2411 N. Charles St., Baltimore

0

08707

CERTIFICATE OF DEATH

Reg. Dist. No.

	CERTIFICA	IE OF DEATH	Reg. Dist. No.
County	V	Street No. 2 Spea.	
How long In hospital or Institution?		2.(a) If veteran, name war	
3. (a) FULL NAME Mar	y a. L	Juckett	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, of	ried, widayed, or divorced	MEDICAL O	CERTIFICATION
6.(b) Name of husband or wife	e W Bucke	T. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	1867	and that I last saw halive on	DURA DURA
8. AGE: Years Months Days	It less than one dayhrs,min.	Immediate cause of death	mbrs ja
9. Birthplace	Morylan	Ouro Bronag Sus	offing 12p
10. Usual occupation.	***************************************	Due to	
11. Industry or business 12. Name	Lino Mal	Other conditions all states	lunes who
14. Malden name		(Include pregnancy within	
T 15. Birthplace	~ / //	niajor nouves or operation	
16. Informant type W.	Duckett	Autopsy resolts	which death should he charged statistically.
Address 2 Spa View	well any!	22. VIOLENCE: If death was due to external	
17. Bate thereof (Burial, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or anaptory Character Character	le M. C. Churchy	ere did Injury occur?(City or town	
Location Daniel	a max	Injured at home, farm, Industry, public place	(where?)
18. Funeral director	agled som	Meens of injury	Injured 21 Work?
Address Annapolis 7	Mary Land	23. SIGNATURE CONSULTA	300 M. D. or other
19. (Date ree'd by registrar)	Registra	Address (huples	mu Date signed / O . 2

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A.15 SN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) (For newborn infants give residence State Maryland City or town (If outside city or town lin Street No. 417 Audrey (If rural, g 2.(a) if veleran, name war.	Coucty Anne Arund Heights, Md nits, write RURAL and give near Ave.	est town)		
3. (a) FULL NAM	E				3. (b) Social Security 1	lumber
	MARY M.					
female white #idowed or divorced widowed.			CERTIFICATION	al1.0 : 20 ^M		
7. Birth date of	••••	6.(Eidman years	20. DATE OF DEATH		
deceased (mo., day. 8. AGE: Year	s Months	23ra, Days 11	If less than one day	Immediate cause of death. Carcinoma of	f Stomach(?)	DURATION ?
9. Birthplace			itate)	Due to		
f2. Name	77 none Os		n	Diher conditions		
14. Maiden name	Sophia Germa			(Include pregnancy within		
16. Informant	Ars. Howar 417 Audre		Collison	Autopsy results	which death should be charged s	tatistically.
f7 (Burial, cremation Cemetery or cremat	n, or removal. Which?) ory	Date ther	eof	22. VIOLENCE: if death was due to external Accident, suicide, or homicide	Date of	(State)
1B. Funeral director.	Kassal 7401 Bel			Msans of injury	Eurlich.	
19. (Date rec'd by re	/Lf 18 K	7 a	W- Halice Registrar	33. SIGNATURE accept	s berry august signed.	other 3ct. 11,194

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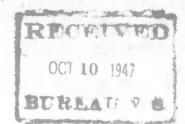
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MARYLAND STATE DEPARTMENT OF HEALTH

08709

CERTIFICATE OF DEATH

2411 N. Charl	ea St., Baltimore 934 (187(1)
CERTIFICAT	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rurul, give LOCATION) 2.(a) If veleran, name war.
	Cldridge 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Hencel	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. Capl. Bazardus Elderd. 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 7 edy 6 1852	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 13 to 0 17 19 19 20 and that I last saw h
8. AGE: Years Months Days If less than one day 95 8 0	Severalized arteriorle atio 20 yr. Due to 3 arteriorde corr lucer
10. Usual occupation	Due to.
12. Name Charles A. Co. Md. 13. Birthplace A. A. Co. Md. 14. Maiden name Ama M. Harrand 15. Birthplace A. A. Co. Md.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Marco C. allian Hadges Address Defence Theliney - 9. 9. 6. Mel	Autopsy results
17. Berrial Date thereof Del 9 22 47 (Burini, cremation, or removal, Which?) Cemetery or crematory. Allungton Mathematical Cemeter.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Asserting May log + Son	Injured at home, farm, industry, public place (where?)
Address 19. Ot 9. 19.47 (Date ree'd by registrar) Registrar	23. SIGNATURE S. Somuels. W.D. or other Address. Quay His ner Date signed 10/4747



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08710

2 2

County Crumarusel.	(For newborn infants give residence of mother)
City or town (If outside city or rown limits, write RURAL and give nearest town)	State County County
How long in above place of death? Teed lovess.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3 541 - Eleversh St. N. W.
Louisel Rove Trock	2/a) If rolong some war First Street Wan.
How long in hospital or institution?	2.(a) If veteran, name war. t. v. serve war.
3. (a) FULL NAME	3. (b) Social Security Number
The alex Friedle	29. 577-24-4871
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W. W married.	20. DATE OF DEATH October 18 19.45 at 4. CP. M
6.(b) Name of husband or wife Larsh Cahen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 5 9 years	19
7. Birth date of deceased (mo., day, yr.) July 11-1893	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
54 3 7min.	Class of Many
Washington, D.C.	Cerebral Remardage Ihr
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Toxi Decaer	Service The war
	Due to
11. Industry or business	
12. Name 2 2 2 1. 1-respective.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name	
E 15. Birthplace	Major findings of operations
18. Interment Mannis a. T. medberg.	
Address 3 5 41. Eleanof D W. W W. Slighen	Autopsy results
Address 3 5 4/ - Classif S 11.00. W. T.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. (Burial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
^-	
Cemetery or crematory	Where did injury occur?
Location Vasturylog ~ . 5	Injured at home, farm, Industry, public place (where?)
18. Funeral director of author Walters	Means of Injury Injured at work?
Address 5 5 Mash. Blod, Laurel, My.	March WED . D. Kalley
(Oct 10	23. SIGNATURE
19. Vet 18 1941 Wara Cashel	3. Frist half. E. mines controlly
(Date rec'd hy registrar) Registrar	Address Slew Busnel, me Date signed but 1874

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

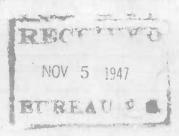
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CERTIFICATE OF DEATH

1. PLACE OF DEATH: A. Pers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ante give residence of mother)
County	State 24d. County a. a. Co.
Cily or town	State
(IT officiates con the first of the first state of	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write NONAL and give nearest town)
nuspital, institution, of street audiess where uestil occurred.	Sireel No(If rural, give LOCATION)
11.45.0	
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME War Gable	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lorente Lorente	
mole widowd	20. DATE OF DEATH. COP. 24 19.47, at 5:19 M. M.
	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(6) Name of husband or wife	Ock. 2 × 1947, 10 Cet. 24 1947
7. Birth date of	and that I last saw h consalive on OS 34 1847
deceased (ma., day, yr.) 77. 60. 20, 1864	
8. AGE: Years Months Days Itless than one day	Immediate cause of death DURATION
On 14	2 Blaco-V Osleway Party
6 2 10 9hrsmin.	
9. 8 rthplace Zermann	Due to
(Town, county, and stard)	
10, Usual occupation	Due to.
11. Industry or business	DUC (U.
S 4 11	
12. Name	Other conditions
13. Birthplace Summany	(Include pregnancy within 3 mnnths of death)
14. Maiden name anna D. Basse	(Include pregnancy within a minima of death)
	Major findings of operations.
15. Birthplace Germany.	Date of op
16, informant &) orothy tipelr	Antopsy results
11 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Haubur MA	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (dus) (year)	Accident, suicide, or homicide
Comelery or cremalory Koudon Park	Where did injury occur?
Location 3801 Frederick ave	tnjured at home, tarm, industry, public place (where?)
Location VO 01 TREACTER WC	Means of Injury Injured at work?
18. Funeral director Tolun O Mitchell Joons	
30 1 1990 Aufeaso, Place, Ball	0.
AUDICION	23. SIGNATURE Chase & Control of the
1926 Oct 1944 Saturel Trongs	M.D. or other
(Date rec'd by registrar) Registrar	Address Date signed

William Gable



Physicians: please

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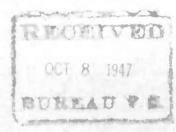
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MARYLAND STATE DEPARTMENT OF HEALTH

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E OF DEATH		Reg. Diat. No	
2. USUAL RESIDENCE (HON (For newborn infants give resid	ME) OF DEC	EASED:	
State 522		9. 9.	***************************************
2 mm 1 1		RURAL and give nea	rest town)
Street No. 505 Cle	ral, give LOCAT	RURAL and give nea	P
2.(a) If veteran, name war	•••••		
Chart		b) Social Security	
MEDICA		FICATION	
20. DATE OF DEATH. O.	\$	1947	17:00 R
21. I CERTIFY that death occurred on the	1947	d; that Lattended decea	ised from
and that I last saw halive on	Oet.	3 -	19.54 7
Immediate cause of death			DURATION
Carlin-Ver	color	Dur	5 gs.
Cala-Ja	e-l-x	Dur	5 gs.
Due to			S gas.
Due to			5 gs.
Due to			s grs.
Due to			\$ q.s.
Due to			\$ 9s.
Due to	within 3 months	of death)	S gas.
Due to	vithin 3 months	of death)	S gr.
Due to	vithin 3 months	of death)	S gr.
Due to	within 3 months of	of death)Date of op	S gr.
Due to	within 3 months of	of death)Date of opth should be charged in the following;	statistically.
Due to	vithin 3 months of the second	of death)Date of opth should be charged in the following;	statistically.
Due to	vithin 3 months of	of death) Date of op	statistically.
Due to	vithin 3 months of	of death) Date of op	statistically.

2411 N. Charles CERTIFICAT 1. PLACE OF DEATH: County a. a (If outside city or town limits, write RURAL und give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: Cleveland How long in hospital or institution? 3. (a) FULL NAME 4. Sex .6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: Years 55 9. Birthplace... (Town, county, and atate) 10. Usual occupation. 11. Industry or business 13. Birthplace 14. Maiden nai 15. Birthplace 14. Maiden name. 16. Informant. Address 205 (Burial, cremation, or removal. Which?) Oate thereof October 6, 194, (month) (day) (year) 1B. Funeral director 1en (Date #c'd by registrar) Registrar



2411 N. Charles St., Baltimore

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MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

Reg. Dist. No. 21

			RAL and give nearest town)	Annapolis	County Ann Arundel	
How long in above place of Hospital, institution, or 2I Col	of death?street address where d	eath occurred:		(If outside city or town lim		
How long in hospital or	Institution?		······································	2.(a) If veteran, name war		
3.(a) FULL NAME Mary H	E. Gray				3. (b) Social Security Nu	mber
emale	5. Color or race Colored	8.(a)Single. Wide	married, widowed, or divorced W	MEDICAL (October 2D. DATE OF DEATH.	CERTIFICATION	125A
6.(b) Name of husband			Gray	21. I CERTIFY that death occurred on the date a	above stated: that I attended deceased	1 from 4 719
7. Birth date of deceased (mo., day, yr	Jan. 2			and that I last saw halive on		DURATION
8. AGE: Years	Months 8	Days I5	If less than one dayhrsmln.	Immediais cause of death	evanloge	
10. Usual occupation	Domest	eounty, and str	ate)	Due to		
13. Birthplace	hn Whitt			Diher conditions		
15. Birthplace	Harie Md.			(Include pregnancy within		
			napolis.Md.	Autopsy results	which death should be charged sta	
Buri	or removal. Which?)	Date thereo	(month) (day) (year)	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of	
Cemetery or cremator	Mt. Z. Lothian	ion , Md.		Where did injury occur?(City or town injured at home, farm, industry, public place	(where?)	
18. Funeral director	J.B.Jo.	hnson		Means of Injury	Injured at work?	
. 0	apolis,M		100 mul	23. SIGNATURE	el ST M. D. 07	other) -/ /p L
(Date rec'd by rea	gistrar)	//	Registra	Address	Date signed	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

08714

Reg. Dist. No. 2.

CERTIFICATE OF DEATH

Address....

2 (a) If votoron name was

			_
1. PLACE OF DEATH:			
County A.A. Con		***************************************	
City or town Brookly	or town limits, write	*****	
			1
How long in above place of death? Hospital, institution, or street addre			
nospital, institution, or street addr.	ess where death occurr	cu.	
		••••••	
How long in hospital or institution?			
3. (a) FULL NAME	21. 1 41	P	
Darah &	ly abely	Green	
Finde M	rrace 6.(a)Sing	gle, married, widowed, or divorced	1
Frank. W	Lite 1	Widowed	
	1	- 1	
6.(b) Name of husband or-wife	scot.	E. Grun	
0		(c) If alive, give agevea	
7. Birth date of	111-	. 4	
deceased (mo., day, yr.)	ne 14"	if less than one day	=
8. AGE: Years Mont	ns Days		
13 -		hrs mir	l.
B Birthalose	Sun	gia	
9. Birthplace	(Town, county, and	atate)	.
1D. Usual occupation	House	rfe	
11. Industry or business	1 4 1 100000		
	a.	Stuart	-
12. Name John 13. Birthplace	~ 0	<i>!</i> `	. 11
13. Birthpiace	ruy can	ouna	-
# 14. Maiden name MA	the E	vans	.
14. Maiden name Man 15. Birthplace Move	the law	lina	
16. Intermal Co. J. Cu	crov-		"
Address 212	andrey	ave	_
17. Bunk (Burial, cremation, or remova		11-1-47	
(Buriai, cremation, or remova	I. Which?)	(month) (daw) (year)	
Cemetery or crematory	emp 1 on	n Cloudly	
	yo. Geo		
		I Mira	
18. Funeral director Will		hilling	.
Address 3914 H	anner S	+ 3one 75	-
19. Uctober 2.P1	19.47	Idani Whiten	٧

	3. (b) Social Security Number
	lead certification by 2774 1947 11.30
21. I CERTIFY that death occurred on	the date above stated; that I attended deceased from
and that I last saw h	on Oct 27 19 4/
Immediate cause of death Coronar Due to Ay Full Due to Due to	y o where DURATION merri carris w dress
(Include pregnance	ey within 3 months of death)
Major findings of operations	
***************************************	Date of op
Antopsy results	cause to which death should be charged statistically.
22. VIOLENCE: If death was due to	o external causes, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(Cit	ty or town) (County) (State)
niured at home farm Industry, nub	ilc place (where?)
illanda at namet tarmt manarili han	

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

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MARYLAND STATE DEPARTMENT OF HEALTH

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411	N.	Charles	St.,	Baltimor	0	83	0

08715

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: Use Cloudel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborning of pridence of mother)
City or town	State
How long in above Mace of death?	City or town
	Street No(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteral, name war
annie Hodges.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION 47 5-10 120, DATE OF DATE OF DATE.
6.(b) Hament Husband counte	21 oreTIFY that death occurred on the date above stated: it at altenders occased from
7. Birth dale of deceased (mo., day, yr.) - 11 4 1.874	and that I last saw alive on the saw alive of the saw alive on the saw alive of the saw ali
8. AGE: Years Months Days tress than one day min.	Impedial cause of death Duratter 4 day
9. 8 Della (Town, punty, and state)	Due to.
10. Usuat occupation	Due to
11. Industry or dustriess 12. Name	Other continued at the literature of the second
	(Include pregnancy within 3 months of death)
14. Maiden name Bushus Brown 15. Birthplace	Major findings of operations.
\$\ 15. Birthplace	Dato ot op.
16. Interment	Autopsy results
Address Series 900	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (Sear)	Accident, suicide, or homicide
Location Franklin ga	Injured at home, farm industry, public place (where?)
18. Funeral director, Sev. S. Relson	Means of Injury Injured at work?
Address 1303 Pressman LD	3 SIGNOTE AMPLEY
19. Act 30 19 47 and Hedrey (Date rec'd by registrar) Registrar	Address M. D/or other Address M. D/or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0871622

CERTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Diat. No.		
. PLACE OF DE	Annie	Arun	ndel	2. USUAL RESIDENCE (HOME) OF DEC	EASED:		
				State Maryland County	A.A.		
uy or town(If	ontside city or town li	mits, write l	RURAL and give nearest town)	Toggung			
			ys	City or iown	RURAL and give nearest town)		
ospital, Institution, o	r street eddress where	death occurre	d:	Street No.	······································		
			***************************************	(If rural, give LOCAT	TON)		
ow long in hospital o	or institution?	ine	**************************************	2.(a) If veteran, name war	***************************************		
. (a) FULL NAM	Willia	m Hod	ges	3. (b) Social Security Number		
. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTI	FICATION		
Male	Col'd	Ma	rried				
	1			20. DATE OF DEATH. Oct. 25,	19.47, at 8±30.P M		
(h) Name of husband	or wife Mary	B. Ho	dges	21. I CERTIFY that death occurred on the date above states	; that I attended deceased from		
.(O) Heme of Hospana				Oct. 18 19 47	10 Oct. 25, 18.47		
. Birth date of			c) If alive, give egeyears	and thal I last saw h im alive on Oct. 2	5.,19.47		
deceased (mo., day,				Immediate cause of death	DURATION		
AGE: Year	s Months	Days	If less than one day	Immediate cause of deathExhaustion	5 days		
67				\$ * * * * * * * * * * * * * * * * * * *			
			atate)	Pneumonia, lobar, lungs	both 9 days		
				Due to	***************************************		
1. Industry or busines							
12. Name	Unknown			Other conditions			
13. Birthplace	W		,	(Include pregnancy within 3 months			
14. Malden name	Unknown						
5	11	***************		Major findings of operations	***************************************		
15. Birthplace				***************************************	Date of op		
6. Informant M81	cyland Ho	use o	f Correction,	Antopsy results			
Address Je	essups, M	arvla	nd.	PHYSICIAN: Please nuderline the cause to which dear	th should be charged statistically.		
3	0		MM 7 45	22. VIOLENCE: If death was due to external causes, fill	in the following:		
(Burial cremation	n, or removal Which?	Date the	(month) (day) (year)	Accident, suicide, or homicide	Dsta of		
Cemetery or crashat	VOV.	PARIL	Roule	Where did injury occur?(City or town)			
cemetery or cramat	ory.	10					
Location	aug .	7 77		injured at home, farm, industry, public place (where?)			
6. Funeral director	NE	K	Tollius.	Means of injury	Injured at work?		
Address	esseef	1	nd of	23. SIGNATURE Blue A	Clark MD		
9. Nor B	egistrar)	2 1	Olasa Maslich	John A. Clas	rk, M.D. 10-26-47		

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WICH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

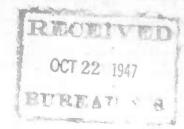
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CERTIFICATE OF DEATH

21

Y			CERTIFICA	IE OF DEATH	Reg. Dist. No.	
City or town Ann (ir the late of the l	Arundel apolis, outside city or town lin e of death? r street address where d Street or institution?	nits, write R	:	2. USUAL RESIDENCE (HOME, (For newborn infants give residence state Maryland City or town Annapolis (If outside city or town listreet No 139 West State (If rural, 1) 2.(a) If veteran, name war	county Ann Arun mits, write RURAL and give reet give LOCATION)	t nearest town)
Female	5. Color or race Colored	6.(a)Single Mari	n, married, widowed, or divorced	20. DATE DE DEATH O CI LON	CERTIFICATION 194	7 12:03 P
T. Birth date of J deceased (mo., day.	S Months	Days 10	the less than one day	and their last saw h	above stated: that I attended 19, 17, to the	deceased from 19 47 19 47 OURATION
10. Usual occupation. 11. Industry or busines 12. Name	ss aac Thoma	.s	A.Co. Md.	Due to	Curry	3 kntho
15. Birthplace	Henretts Md. therine J			Major findings of operations	Date of op.	
Address 139 Buri 17 Rurial, cremation	West St.	Annay		PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Jeauses, fill in the following; Oate of	
Address Ann	Annapol: J.B.Johnsonapolis, Mapolis, Ma	Id.	To Januah Roman	Injured at home farm, Industry, public place Means of Injury 23. SIGNATURE	naveland of mark?	D. D. or other



RESERVED FOR BINDING

MARGIN

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County and Premay	State. County
(If outside city or town limits, write RURAL and give nearest town)	City or town
How iong in above place of death? 10 1/2024 Hospital pstitution, or street address where death occurred:	(If but hid city or town limits, write RURAL and give nearest town)
Loberson station.	Street No
low long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Tur. Hassy Lesley Hax	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. w. married	20. DATE OF DEATH Ostoles 19 18.4.7 21/4
6.(b) Name of bushander wife assisted. Crouse	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age	7225 2254 1849, to O chale 18
7. Birth date of	and that I last saw h. Cont. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
83 3 2/hrs.	min.
9. Birthplace Hagesslown, mid.	Bue to Serilly -
Clown, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
L. 13. Birispiace	(Include pregnancy within 8 months of death)
14. Maiden name Zgraseta Halsappel 15. Birthplace Lesmany, mol.	Major findings of operations.
	Date of op.
16. Interman pero leunie L. Happel wife	Autopsy results
Address Roberson Station, P.O. Revenue Pa	
Burial Bate thereof 10/21/47	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, sulcide, or homicide
(Burial, assession, or removal, Which?) (month) (day) (year	r) Accident, Suicide, of nomicide
Cemetery of Community of Commun	Where did Injury occur? (City or town) (County) (State)
Location WayneroBoro la.	Injured at home, tarm, Industry, public place (where?)
18. Funeral directol Villiam Cook Inc	Means of injury Injured at work?
Address 1217 St. Paul It 1	23 SIGNATION Secretaral Harberton
10-20 40 810 8501	23. SIGNATURE M. D. or other
(Dato rec'd by registrar)	gistrar Address Slew Dew Durne, U.S. Date signed 10/19

MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.-

		STATE C	OF MAR	YLAND-	CERTIFICA	ATE OF DEA	TH0871	9,
	ACE OF DE		Arunde	7		9300	2	7
	ounty	Severns			At-	Registration	4.	f
VII	llage or City	- Dayarti	Lark	(If	death occurred in a hosp	ital or institution, give its NAME	E instead of street and	number)
Lêr	ngth of residence in	city or town where	death occurred	yrs,mos	ds. How long	in U.S. if of foreign birth?	yrsm	osds.
2. FU	LL NAME		C. Johns		If U. S.	. Veteran, specify WAR		
(a)) Residence: No.	Seven	rna Park (Usual place		St.,Wai		give city or town and	State
PI	ERSONAL A	ND STATIST	ICAL PART	ICULARS	MED	ICAL CERTIFICATE	OF DEATH	
3. SEX	4. COI	OR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF D	OLD 18.	(Day)	, 193 4 7
HUSB	ried, widowed, or di BAND of WIFE of		ohnson		22. Lem,	REBY CERTIF		decaased from
6. DATE O	OF BIRTH (month, o	lay, end yeer)	4/28/	1864	Clast saw h_er		17 ,19.47	,
7. AGE	Yaars	Months	Days 20	If LESS than I day,hrs.	The PRINCIPAL CAU	he date stated above, at SE OF DEATH and related cause		
_ 8. Tr	83 rade, profession, or	perticular	1 20	ormin.	wera as follows:			Date of onset
9. In	kind of work don SAWYER, BOOKK	a, es SPINNER, EEPER, etc			Ceret	sal domarche	Je.	2 wule.
3	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc						•	
O ID. Da	ate deceesed last w this occupation (n year)	nonth end	Spe	time (years) ent in this upetion				-
	IPLACE (city or tow tate or country)	n) Hager	stown,	Md.	Dthar Contributory Co		Descer-	Yyun
13. NA	AME Geo:	rge Reed						
14. BI	RTHPLACE (city or (State or country)		Md.		Nema of operation	liegnosis?	Data of	20
요 15. M/	AIDEN NAME	Sarah Cr	awford			axternal ceuses (VIDLENCE) fil		
16. BI	RTHPLACE (city or (Stete or country	town)M	d.		Accidant, suicide, or h	nomicide?	Date of Injury	
	17. INFORMANT Family (Address) Severna Park					(Specify city or y occurred in INDUSTRY, in HO	town, county and Sta ME, or In PUBLIC PL	te) ACE.
18. BURIA	18. BURIAL, CREMATION, OR REMOVAL Place. Rose Hill						· · · · · · · · · · · · · · · · · · ·	
19. UNDER	RTAKER I	30 E. Fo	rt Ave.	elly.	24. Was disease or inju	ury in any way related to occupa	ation of decaased?	Zw
20. FILED	16	, 19 47)	1.W. 6	Registrar.	(Signed) (Address)	ama S. Bee Elen B	unic. 7	M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral homorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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A15 VS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

How long in above place Hospital, Institution, or	Anna Anna atside city or town life of death? 21 street address where dergency Ho Institution? 20 D	Years ealh occurred: spital	RAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State Maryland Court of the City or town Manapolis (If outside city or town limits 77 Mashingto Street No. (If rural, give 2.(a) ff veteran, name war. None	write RURAL and give nearest town) Street LOCATION)
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	Colored	Wido	owed		1947 10 2:30 A
6.(b) Name of husband 7. Birth dale of deceased (mo., day, ye	••••	h Johns 	ff allve, give ageyears	21. I CERTIEX that death occurred on the date about	ve stated; that Lattended deceased from
8. AGE: Years	Months	Days	If less than one day		mua 3 dog
70	4	27	hrsmin.		
1D. Usual occupation	None	A. Co.	. Md .	Due to	Aferling 3 Chur
12. Name	John Henr Rutland	•	son	Diher conditions	
14. Maiden name	Tourise Ha		502 MQ2	(Include pregnancy within 8 m	
15. Birthplace	Rutland A	. A. Co	Md.	Herenton 1	Date of op. 10713127
16. Informant Lou	is Mathews	******************		Autopsy result	
Address 77	Washingto	n Stree	et	PHYSICIAN: Please underline the cause to wh	
Burial (Burial, cremation,	or removal. Which?)		(month) (day) (year)	22. VIOLENCE: If death was due to external equi	Date of
	Mt. Tab			Where did injury occur?(City or town)	(County) (State)
Location Mt.			del Co. Md.	Injured at home, farm, Industry, public place (wh	
18. Funeral director	Mrs. Cha	rles E.	. Hicks	Means of Injury	Injured at work?
Address 1	43-45 Nor	TY	Street	23. SIGNATURE CLEAN TO	(udovan M)
(Dato rec'd by res	19. 4.7	/4	Registrar	Address Mulafas a	Date signed 1919 4

OCT 22 1947

MARGIN RESERVED FOR BINDING

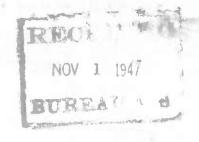
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA	ne Arund	el	and	2. USUAL RESIDENCE (HOME) OF (For newborn in ants give residence of the control o	DECEASED:	
City or town	ownsville	, Maryl	and	State Coul	nty	
(If ou	tside city or town	limits, write R	RURAL and give nearest town)	City or town		
How long in 20046 blace of	JI GESTHILL		***************************************	City or town(If outside city or town limits	, write RURAL and give near	rest town)
Hopeital Institution 11	treet address where	death occurred	i, Crownsville, Md.	Street No		
		days		(If rural, give	LOCATION)	
How long in hospital or	institution?	o days	*	2.(a) If veteran, name war		
3. (a) FULL NAME	WILLIA	M JOHNS	ON		3. (b) Social Security	Number
4. Sex Male	5. Color or race	8.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	6-0F A
				2D. DATE DF DEATH	19	6:05 A.
6.(b) Name of husband o	or wife			21 Octsif beigt de athologyred on the date abq		
			c) If alive, give ageyears	im Oct'b	ber 2/th	197
7. Birth date of			c) it alive, give ageyears	aed that I last saw halive on		
deceased (mo., day, yr.	.)			Imm@derebrateshrterisecle	amania	DURATION
8 about 73	Months	Bays	If less than one day	Gelegial Migeliager		
20000 1)	•		hrsmin.			
Vire	ginia	1			October	16,1947
9. Birthplace	(Town	, county, and	etatal	Due to	•••••••	***************************************
	unknown	, country, and	Beater			
10. Usual occupation				Due to		
11. Industry or business				D		
S John	noenhol			Psychosis Wit		
12. Name	West Vir	ginia	***************************************	Other conditions Arterios		
				(Include pregnancy within 3 n	nonths of death)	
14. Maiden name	Margar	8 C		Major findings of operations		
14. Maiden name	West Vi	rginia		The second of th		
HOS	spital Re			***************************************	Date of op	
16. Informant				Antopsy results	the death death to desire	at a tiet of He
Address	wnsville,	Maryla	nd			statisticany.
	- 1-		10/31/11/	22. VIOLENCE: If death was due to external cau	ses, fill in the following;	
(Burial, cremation,	or removal Which	Date ther	(month) (day) (year)	Accident, suicide, or homicide	Date of	
A STATE OF THE STA	HORA	bular	7	Where did Injury occur?(City or town)		
Cemetery or cremator	y	1.				(State)
Location	Toward	ince	_ rud	tnjured at home, farm, Industry public place (wi	tere?)	
25	- Sh	4028	rlac	Msens of Injury	Mjured at work?	
18. Funeral director	P	1.J	0- 1	0 1	· / X)	(d)
Address	10000	perce	e hide	23. SIGNATURE	eyeuste)	N.V
10/51	1 167	52	a local	Crownaville, Mary	and M. D.	18/21/1.7
19	19	V-T	Pagistrar	Titles, Mary	Data signad	10/24/41



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLAINLY, V is especially

WRITE

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RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08722

CERTIFICAT	E OF DEATH Reg. Dist. No			
1. PLACE OF DEATH: County Ann Arundel County Annapolis City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred: Rear) ITO Clay Street How long in hospital or Institution? 3. (a) FULL NAME Sarah Jones	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County AnnArundel City or town Annapolic (If outside city or town limits, write RURAL and give nearest town) Rear ITO Clay Street (If rural, give LOCATION) 2.(a) If veferan, name war. 3. (b) Social Security Number			
4. Sex Female 5. Color or race Colored 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 21.30 F3			
6.(b) Name of husband or wife	21, I CERTIEX that death occurred on the date above stated; that I attended deceased from 19			



rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		0	87	2;	1
Be			-2	18	1
Reg.	Diat.	No			

1. PLACE OF DEA	rundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place Hospital, Institution, or Crownsvill	of death? 7 year street addrees where d Le State Ho	ers,2	nd URAL and give nearest town) months, 1 day crownsville, Md. months, 1 day	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. House of Good Sheppard (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME				3. (b) Social Security Number		
4. Ser Female	5. Color or race Negro		e, married, widowed, or divorced ngle	MEDICAL CERTIFICATION 20. DATE OF DEATHOctober 27th	A. M	
		6.(c) If alive, givo ageyeare	21. I CERTIFY that death occurred on the dale above elated; that I allended deceeed from August 26th 19. 40 to October 27th 19.4 and that I last eaw her alive on October 27th 19.4 Immediata cause of death DURAF	47	
8. AGE: Years 53	Monthe ?	Daye	It less than one dayhremin.	Cerebral Arteriosclerosis known to us since Aug. 26,	19%	
1D. Usual occupation 11. Industry or business	Laundry Wo	rk	atate)	Due 10 Due 10 Other conditions. Psychosis. With Cerebral		
13. Birthplaco	aryland Mary(unb aryland	mown)		Arteriosclerosis Known to us (Include pregnancy within 3 months of death) Since Aug. 26, 10 Major findings of operations. Date of op.	940	
Address Crow	msville, Norremoval. Which?)	Date the	nd eof (3/, 4) (month) (day) (year) Ad Polit Ma Porac Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maene of Injury 23. SIGNIUME M. D. or other Address Crownsville, Maryland Date signed 10/27/)	

6937

Kelly - Mary Admitted August 26, 1940 Died October 27, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

932

CERTIFICATE OF DEATH

og. Diat. No. 2.1.

	Keg. Dist. No	
County	State	carest town)
3. (a) FULL NAME Irma M. 17l	een 3. (b) Social Security	y Number
5. Color or race (a) Single, married, wildwed, or divorced Revocated	MEDICAL CERTIFICATION 20. DATE OF DEATH	1 21ºa
(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from
Right date of deceased (mo., day, yr.) AGE: Years Months Days If less than one day	Immediate cause of death. Cerebral	/
Belting Md. (Town, county, undatate) (Usual occupation, Calif Man Augusti	Oue to artervoleratic Centro-	
1. Industry or business 12. Name	Oue to Augustus in Other conditions	2 90.
14. Maiden name Servetor 95. 1. 15. Birthplace Bouneton 9. 1.	(Include pregnancy within 3 months of death) Majur findings of operations	
16. Interment Mary alise 45 lein	Actupsy results PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
Location Carlon Carl	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?	
18. Funeral director	Answer weight had i	w.D. or other 1019/47

BINDING

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WITH UNF

PLEASE WRITE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	and an
City or town (If outside city or town limite, write RUAL and give nearest town)	1201till 2-0
Now tong in above place of death?	(17 outside city or town limits, write RURAL and give nearest town)
Hospitet Institution, or street address where death occurred: Current August An Acidal - Clinicals (co	Street No. 5000 COLOR FOR STORY
How long in hospitat or Astitution?	(If rural, give LOCATIO)() 2.(a) If veteran, name war.
3. Jay FULL NAME	3. (b) Social Security Number
Minnie a. Korb	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jenale Mute Married	20. DATE OF DEATH (CLYTTEN 9, 1947, at 9.30 G M
8, (b) Name of husband or wife Justanus 4. Karl	21. I CERTIFY Mat death occurred on the date above stated; that Lattended deceased from
	Cl. 8 19 47, 10 Cl. 4 19 47
7. Birth date of deceased (mo., day, yr.) Felt 3, 1876	and thet I last saw harmalive on Colland
8. AGE: Years Months Days If less than one day	Immediate cause of death
71 % 8 (2hrsmin.	(D) (O) All All All All All All All All All Al
Batimore mid	Rue to.
9. Birthplace Town, county, and atnto	SEC 10
10. Usual occupation.	Due to
11. Industry or business	<u></u>
E 12. Name	Other conditions allets delalation for 14 de
2 13. Birthplace Garangy	(Include pregnancy within 8 months of death)
E 14. Malden name aroture the Suber	
15. Birthplace Lermany	Major findings of operations
16 laterment Sustavus a. Josh	Autopsy results
Address 5000 Catalkha Road	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Build J. Nah 13.1947	22. VIOLENCE: It death was doe to external causes, fitl in the tollowing:
(Burial, cremation, or removal. Which;) (Burial, cremation, or removal. Which;) (Burial, cremation, or removal. Which;)	Accident, suicide, or homicide
Cemetery or crematory Dulland Target	Where did injury occur?
Location 380/ Street Alle Charles	Injured at home, tarm, industry, public place (where?)
18. Foneral direction & Mes John Ar Gently voon	Means of Injury Injured at work?
Address 5311 Editional Soulave	(alger) to lee does 1000
10/10 X2 D.W Hedrel	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Chillen Date signed 10/9/47

causes

important.

is especially

1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 (b) Social Sequity Number

CERTIFICATE OF

2. USUAL

(For n

DEATH '	Reg. Dist. No.
RESIDENCE (HOME	OF DECEASED:
me 0	Will ususelle

\$121e	County
City o	r towo
	(If outside city or town limits, write RURAL and give nearest town
Street	No

(If rural, give LOCATION)

2.(a) If veteran, name war.	a.	2.(a)	11	veteran,	name	war
-----------------------------	----	-------	----	----------	------	-----

MEDICAL	CERTIFIC	CATION	
20. DATE DF DEATH. Ou.	19	19. 4. 7.	at 11 5 F
21. I CERTIFY that death occurred on the date			
and that I last saw h			
Immediate cause of death			DURATION
myorandial for	lure		1da
		/ -	***************************************
Due to artestoreles			
vus mlan dis es			
Due to ly rester	4 6 000		***************************************
	220402000000000000000000000000000000000		***************************************
Other cooditions			
(Include pregnancy withir	8 months of de	ath)	
Major Endings of operations			
major Entings of Operations			
Autopsy results			

4. Sex 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Monthshrs. 11. Industry or business 13. Birthplace 14. Malden name. 15. Birthplace 16. interment Address

(If outside city or town limits, write RURAL and give nearest town)

(month) (day) (year)

Means of Injury

injured at home, farm, industry, public place (where?) ...

(City or town)

Accident, suicide, or homicide......

Where did injury occur?

(County)

Injured at work?

(Date rec'd by registrar)

(Burial, cremation, or removal, Which?)

Location

18. Funeral director

PLEASE WRITE PLAINLY

PLAINLY, vis especially

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

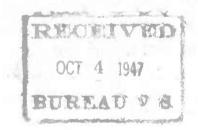
940

08727

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town	State Maryland county Anne Arundel	
How long in above place of death?	City or town Annapolis. (If outside city or town limits, write RURAL and give nearest town) Streel No. 17 Cornhill St.	
17 Cornhill St.	(If rural, give LOCATION)	
How long in hospitat or Institution?	2.(α) If veleran, name war	
3.(a) FULL NAME WILLIAM E. LAMB	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
"ale White Widowed	20. DATE OF DEATH OCK 24 19. 4. 19. 4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	91
6.(b) Name of husband or wife Carrie E. Lamb	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from Left. 30 19.47 10 0 19.42	(X)
	and that I last saw h. Long alive on Oct. 2 19.	4>
deceased (mo., day, yr.) April 13, 1870	Immediate cause of death	
8. AGE: Years Months Cays If less than one day 77 7 19 hrsmin	Immediate cause of death OURAT Coronary Thombosis 2 do	71
9. Birthplace	Due to	
11. Industry or business 12. Name Henry Lamb Maryland Henry Lamb Henry Lam	Other conditions artero Selvars unb	non
	(Include pregnancy within 3 months of death)	
14. Maiden name Rose McNew 15. Birthplace Maryland	Major findings of operations	
≥ 15. Birthplace Maryland		
15. Birthplace Maryland 16. Informant State Sta	Autopsy results	*********
Address 17 CORNHILL ST, AMNAPALIS, Md.	22. VIOLENCE: ff death was due fo external causes, fill in the following:	
17. Burial Date Ihereof Oct 5, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Cedar Bluff Cemetery	Where did Injury occur?	
Location Annapolis, "appland		
18. Funeral director	models of mysty	
Address 170-172 West St. Annapolis Paryland	23. SIGNATURE LENGE C Bosil	
19. O.T. 3 19.47 Provided by registrary Registrary	M. D. or other Sul Bate signed 10:3:	4)



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(18728 Reg. Dist. No. 21

1. PLACE OF DEATH: Comple Corumdel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resignee of mother)
County or town Danes and Hospital	State Standard County Count and
(If outside city or town limits, write BURAL and give nearest town)	City or town
How long in above place of death?	
•	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Stattie May Les	atherbury 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
French White married	20. DATE OF DEATH OLL 8 19.47 21 2 30 A
Starvey E. Teather bu	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	18 42 to Och - & 18 47
7. Birth date of Manager 1992	years and that I last saw halive onO V - \$18 42
deceased (mo., dsy, yr.) / WWW do, 1113	Immediais cause of death my or and DURATION
8. AGE: Years Months Days It less than one day hrshrs.	Jessling 8h
Traces aa hid.	Oeate : Deale at
9. Birthplace	Due 10.
10. Usual occupation Atomic will	- Elementers in 10 yes
11. Industry or business	Due to
	Other conditions wholeli was in 1 1 yes
12. Name Villam Nyon	
14. Maiden name Sophie Mutwell 15. Birthplace	(Include pregnancy within 8 months of death)
15. Birthplace Md.	Major findings of operations.
altou Seather buse	Date of a)
16. Informant I lisville M.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address District On + 9 10	22. VIOLENCE: If death was due to external causes, fill in the toilowing;
(Burial, cremation, or removal, Which?) Date thereof. (day) (pear)	Accident, suicide, or homicide
Cemetery or crematory Quaker Connectery	Where did injury occur?
Location Salysville Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director & a Atasclisty + An	Meens of Injury Injured at work?
Address Salesonille Mix.	A 32 SIGNATURE S- Borrow with him
Oct a MALL	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Questo 10 10147
(Date rec'd by registrar) // (Regis	trar Address. Date signed

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

11.40



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH: a c	0		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town				State. Md. County City or town Eastport (If outside city or town limits, write RURAL and give nearest town) Street No. 505 Burnside Street (If rural, give LOCATION)	
How long in hospital or institution?				2.(a) It veteran, name war	
3. (a) FULL NAME	Berth	al al	ber	3. (b) Social Security Number	
4. Sex 4	5. Color or race		Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH ON 19.47 21 9 24 9 M	
	E- b	6.(6	fer – deceased) It alive, give ageyea 1892	21. I CERTIFY that death occurred on the date above stated; that I stiended deceased from 19. 4. 1. to	
8. AGE: Years 55	Mooths	Days	If less than one dayhrsmin	Curture Spanning 6	
9. Birthplace 10. Usual occupation 11. Industry or business	Housewi	county, and s	tate)	Due to. Due to.	
	Frank Hov Baltimo		oaders, Sr.	Cther conditions	
14. Malden name	Mary	Gouker Ivania		(Include pregnancy within S months of death) Major findings of operations	
16. Informant. Car	l Lohcefe		n ., Balto6 - Md	Autopsy results	
17 Buria (Burial, eremation, c	l r removal. Which? Oak Hill	Date there	of 10/29/47 (month) (day) (year) ery	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Location Horne				Injured at home, tarm, industry, public place (where?)	
18. Funeral director				Means of injury injured at work?	
Address 2601	-3-5 E. N	ladison		23. SIGNATURE	
19. Oct 2	9 19 4	7 - 0	W. Helens	Address Bernard Base signed (1)	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08730

CERTIFICATE OF DEATH

(BC) Reg. Diat. No..

1 DIACE OF DEATH.	2. USUAL, RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH. County anne arundel	(For Shorp infants give residence of mother)
County Unite Countain	MA .
City or town Sever	State County
City or town	City or town Salwyrou
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	1/31 M Marles of
	Street No. (If rural, give LOCATION)
	(II rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME / / 0.	3. (b) Social Security Number
J. 11 to	
William Ot. Ma	claims 220-22-7569
4. Sey 5-Bolor, or race 6.(a) Single, married, widowed, or divorced (MEDICAL CERTIFICATION
Class to the transit	630
male will murrela	20. DATE OF DEATH. 10 19 19 19
of the	
6.(b) Name of husband or wife tasta Madkens	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	1919
7. Birth date of The state of T	and that I last saw h screative on 10/1/49 18
deceased (mo., day, yr.) -eb-, 14, 1875	/ / /
	Immediate cause of death DURATION
o. Adu.	Bronze alky
72 7 17hrsmin.	The state of the land
# + 10 Col	- May
9. Birthplace	. Bue to
(Town, county, and state)	
10. Usual occupation. Retires	
	Due to
11. industry or business roduce business	
12. Name Frank Madkins	Other conditions
12. Name Trank Madhusa 13. Birthplace	Utner conditions
	(Include pregnancy within 8 months of death)
# 14. Maiden name. Rebecco	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major fisdisgs of operations.
14. Malden name. Rebecca	
D + Q 10.	
16. Informant Esta Madkins	Autopsy results
1120 8 RV 1 1+	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1130 S. Charles St.	22. VIOLENCE: If death was due to external causes, fill in the following;
11 BURIAL Date thereof Cat. 4 1947	
(Burial, cremation, or removal, Which?) Oate thereof	Accident, suicide, or homicide
CEDAR HILL	Where did Injury occur?
Cemetery or crematory	Where did Injury occur?
A.A. Co. MARYLAND	Injured at home, farm, Industry, public place (where?)
Location O D O O	
16. Funeral director YUM. GOOK JM.	Means of injury Injured at work?
TO THE PARTY OF TH	
Address 12/1 St. Vaul St.	Ale Manneder
12 0 11 11 0V	23. SIGNATURE M. D. ar other
19 Vet 2 194) U. W. Beaus	10 0000 10/4/4
(Date rec'd by registrar) Registrar	Address Date signed Date signed

2411 N. Charles St., Baftimore

08731

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County LAME (SSIMALE)	(For newborn infants give residence of mother)
City or town Wood Laron Heighto	State Ma. County A A Co-
(If outside city or town limits, write RURAL and give nearest town)	City or town Wood lown Her offs
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 112 FORREST DALE AVE
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Ratherine Mahren	hols. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEM WHITE WIDOW	10-4 1-th'
	20. DATE OF DEATH (8 3 19 4 7 at 9 43 1
6.(6) Name of husband or wife ONRAD MAHRENHOLZ	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	march 14 1844, 10 October 3 1847
7. Birth date of	1 - 11
deceased (mo., day, yr.) APRIL - 15 - 1880	and that I last saw h A alive on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death
67 5 30 hrs. mia.	Strong outlier 3 ho
9. Birthplace / JAHTIMORE 14D	3/11/2016
(Town, county, and state)	Due to A. T. J. C.
10. Usual occupation. HOUSE WORK-	anterio - colonario 3 via
11. Industry or business AT HOME	Due to.
12. Name AATHOIVY. CREAMER	
12. Name ANTHOINY. CRETIMER 13. Birthplace BALTINGRE MD	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name MARGT. SCHECKELS 15. Birthplace BALTIMORE MD.	Major Endings of operations.
E 15. Birthplace BALTIMORE MD.	
NO 1	Date of op.
	Antopsy results.
Address 3308 ANNAPOLIS AVE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burlah. Date thereof Bet 9-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(month) (veaf)	Accident, suicide, or homicide
Cemelery or crematory HOLY CROSS CEM.	Where did Injury occur?
	Where did Injury occur?
Location A.A.Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director SERNARD C. HARLE.	Means of Injury Injured at work?
Address 121 E WEST ST	to the design in and
	23. SIGNATURE destart to tachentus.
19	Islen Bus me M. D. or other
Dy , Registrar	Date signed

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. pe jo See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINTY,

V. S. No. 1 N. B.—V

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	F DEATH			932	08732
County ann arundel		Registration Dist. 1	No. 23		
Village or C	ity Trem France	Branch -		No	St. Ward
Length of reei	dance in city or town where	loath occurred		death occurred in a horpital or institution, give its NAME instea	
	0	7			20
2. FULL NAI (a) Residen	WIE			If U. S. Veteran, specify WAR. 7 St., M. Ward. If nonresident give cit	ty or town and State
	IAL AND STATIST			MEDICAL CERTIFICATE OF	DEATH
J. SEX Februals	4. COLOR OR RACE Colored.	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month)	, 193 4 7. Day) (Yeer)
5a. If merried, widow HUSBAND of (or) WIFE of	red, or divorced U Lele	in De	· ·	22. I HEREBY CERTIFY. The Sunt 1947, to	
6 DATE OF BIRTH	(month, dey, and year)	lug 2 -	1880		, 19. Y/_; death is seid
7. AGE Yea	months Months	Days 2 6	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at	n,
8. Trede, profession, or particular kind of work done, as SPINNER, as horn-SAWYER, BOOKKEEPER, etc.			1-	Condio - Vascula V	Search 2 gra
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
	ed last worked et petion (month and 194	II. Total ti	me (years) tin this key left.		
12. BIRTHPLACE (ci	ty or town)	7. Co.	md.	Other Contributory Causes of importance:	
13. NAME	Lon/Enser	~ '			
	(city or town)	Know		The state of the s	Date of
15. MAIDEN NA	ME Cen/2	nauen		23. If death was due to externel causes (VIOLENCE) fill jn al	so the following:
6 16. BIRTHPLACE	(city or town)	Known	,	Accident, suicide, or homicide?	
17. INFORMANT (Address)	Thos. Wa	elian.	RIN	(Specify City Of Lown, Specify whether injury occurred in INDUSTRY, In HOME, or	county and State)
18. BURIAL, CREMAT	TION, OR REMOVAL	Date Mod.	4 ,19 47	Manner of Injury	
19. UNDERTAKER(Address)	Choy on le	Jilson this w		24. Was disease or injury in any way related to occupation of	f deceased?
20. FILED Y GV	4,,19 4	KW. H	Gebriche Registrar.	(Signed) The Authority (Address)	M. D.
	**		11 0 5		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF PEATH: County Parole , Md . City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:				2. USUAL RESIDENCE (FIOME) OF DE (For newborn infants give residence of moth	er)	
			RURAL and give nearest town)	State Maryland County Ann Arundel City or town Parole (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where	geath occurre	u;	Street No	ATION)	
How long in hospital or institution?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.(a) If veteran, name war		
3. (a) FULL NAI	ME			3	3. (b) Social Security Number	
M	arcellous	Matt	hews			
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERT	- 5	
Male	ale Calored Married		20. DATE OF DEATH. (C) CLOSON A	23, 1947 18:55F		
8 (h) Name of hugher	nd or wite	Gazel	le Matthews	21. I CERTIFY that death occurred on the date above st	ated; that I attended deceased from	
		6.0	(c) It alive, give ageyears		10 CCOW ST 47	
7. Rirth date of	May 8,		(a) 1. a. (a) (b) (a) (a)	and that I last saw h alive on	19 7/ 19 7/	
	ars Months	Days	It less than one day	Immediate cause of death	DURATION	
59	5	19	hrs min.	To to men	more oday.	
a Sirtholace S	hadyside,	A.A.C	o.Md.	Due to		
(Town, county, and state) 10. Usual occupation Waterman			atate)	Phillips	Jan.	
		wan		Due to		
11. Industry or busin						
12. Name 3	Md.	tnews	}	Dther conditions		
		E. Hol	land	(Include pregnancy within 8 month	ns of death)	
14. Malden nan W 15. Birthplace	Md.		1.00x 2x1V.4x4.3x4	Major fiadings of aperations		
T		THOON		-		
16. Informant Lorraine Green Parole.Md.				Autapsy results	death shauld be charged statistically.	
Address	-		0 1 2 96 -0	22. VIOLENCE: tt death was due to external causes,		
17. (Burial, cremati	ion, or removal. Which	Date the	reot October 5 19	Accident, suicide, or homicide		
Cemelery or crematory St.Matthews				Where did Injury occur?(City or town)	(County) (State)	
Shadyside.Md.				Injured at home, farm, industry, public place (where?)	
J.B. Johnson 18. Funeral director. Annapolis Address				Means of Injury	Injured at work?	
Address	Annapol	is WR	2	Da SIGNITURE Rate Kerken	of -) MOD	
act		///	Maria	23. SIGNATURE	Oct M. D. or other	
19. (Date rec'd by	26 19 47 registrar)	// //	Registrar	Address 110 - play 8 almo	Date signed 18 18 197	



WRITE

PLEASE.

SA

1. PLACE OF DEATH;

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

2. USUAL RESIDENCE (HOME) OF DECEASED:

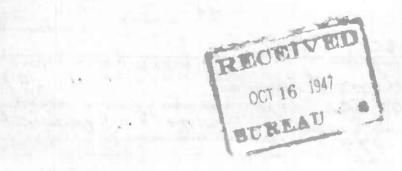
d'

4 F	200	19	9	18
U	U	-	U	4

CED		CATT	COL	DE	COLUMN TO
L.P.K	1161	L.A.I	E OF	Dr. A	

Reg. Diat. No. 21

County	State County County City or town limits, write RURAL and give near Street No. (If rural, give LOCATION)	reat town)
How long in hospital or Institution?	2.(a) if veteran, name war	
3. (a) FULL NAME I atie a. M.	3. (b) Social Security M	lumber
4. Sex f 5. Color of Face 6.(a) Single, married, widowed, or divorced Wiolawed	MEDICAL CERTIFICATION 2D. DATE OF DEATH	11 40
6.(b) Name of husband or wife. Heavy W. Miller 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above tated; the selection of the selection o	LUNA
7. Birth date of deceased (mo., day, yr.) October 925 1877	and the first term to a state of the same	DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death	BUNATION
70 0 2hrsmin.	West Dilstaka, 9 Heart	Likhu
9. Birthplace (Town, county, and state)	Due to	L
1D. Usual occupation	Due to. Word Myocaratis	Unison
11, Industry or business		
12. Name	Dther conditions	***************************************
13. Birthptace 14. Maiden name 14. Maiden name 15. Maide	(Include pregnancy within 3 months of death)	
15. Birthplace	Major fiedings of operations	
16. Interment arruld & Miller	Autopsy results.	
Address Delence Hickory Q Q 6 Md	PHYSICIAN: Please noderline the cause to which death shoold he charged a	statistically.
17 Coule Bate thereof ORT 14/947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	***************************************
(Burial, eremation, or removal, Which?) Cemetery or cremators	Where did injury occur?	
Location Character Md	injured at home, farm, Industry, public place (where?)	4 4 —
18. Funeral director. John M. Taylor San	Means of Injury Injured at work?	buty
Address annapolis Maryland	23. SIGNATURE TO MAY IN COSTOS MIN TO SEE	deal
19. Det . 14 19. 47 Registrar Registrar	Address Aungbolis, Md. Date signed.	0/13/4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICAL	E OI BERLIN	Reg. Dist. No	
1. PLACE OF DEATH: County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infunts give residence of m Maryland State Couo Cily or town Annapolis (If outside city or town limits, Sireet No.4 German Street (If rurat, give I	write RURAL and give near	rest town)
3. (a) FULL NAME					3. (b) Social Security 1	Number
MORGAN, Ra	ymond C	harles		and the latest transfer and the		
4. Sex 5. Co	ior or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
	nite		rried	20. DATE OF DEATH 31 October	19.47	1:56 P
Wife: Mrs. Florence A. MORGAN 6.(b) Name of husband or wife 6.(c) If alive, give age 47 years 7. Birth date of) If alive, give age	21. I CERTIFY that death occurred on the date abov August 28 19.4 and that I last saw h.im alive on 31 Oc	e stated; that lattended decea 7 1031Octo1 tober	sed from
deceased (mo., day, yr.)		r 29,]	1 If less than one day	Immediate cause of death		DURATION
O. AGE.	Months			Pulmonary Edema		
54	00	2	hrsmln.			
8. 8irthplace			ired	Due to Carcinoma, Left Lur	18	
H 12. Name Samuel Morgan				Dther conditions	***************************************	
13. Birthplace Annapolis, Maryland			land	(Include pregnuncy within 3 m		
14. Maiden name Alberta Hasslip 15. Birthplace Annapolis, Maryland Mrs. Florence A. MORGAN(wife)						
E 14. Maiden name			and and	Major findings ul uperations	27	Oat 10/7
≥ 15. Birthplace Annapolis, Maryland			arytand	Verification of above	Date of op	
15. Informant				Autupsy results. VEITITICE LION PHYSICIAN: Please underline the cause to whi	above	tatically
Address 4 German St., Annapolis, Maryland 17. Burel Oate thereof (month) (duy) (year) Cemetery or crematory Reday Bluff				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	es, fill in the following;	
O washed and			ML	Injured at home, farm, Industry, public place (wh	ere?)	
Location	Location			Means of injury	Injured at work?	
18. Funeral director.			- Q 20 S.	SAP/40	ma 1	90
Address 19. Nov. 2 19 47 7 7 7 7 7 19 19 19 19 19 19 19 19 19 19 19 19 19			1 - Jonnel	23. SIGNATURE Address SIA Aprelal	M, D. o	4=

information carefully. The correct age of death clearly and legibly. FOR BINDING MARGIN RESERVED

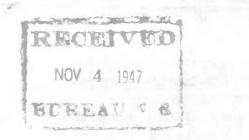
WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, V is especially

国

PLEASE WRIT

A15 SA



PLEASE

(Date rec'd by registrar)

A15 SA

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Diat. No.

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn trants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sei 5. Color or race 6.(a) Single, marrida, widowed, or divorced	MEDICAL CERTIFICATION .
5.60 Name of husband or wife S. Scott onwhead	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Sept. 2, 1861	and that I leat any handlive on Out - 10 19 47
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace Odenton ame annual Co. hd	Due to Hyperterion (Interio Selesor 17mm
10. Usual occupation	Due to
12. Namo rook waters Involved in 13. Birtholace anne anundel co. ma	Other conditions. It was grieve to death . (Include pregnancy within 8 (months of death) 1//25/47 - 9.5
14. Maiden name M. Autowette Syams 15. Birthplace Freduck Co and	Major fiudiugs uf uperatious
18. Informant Puth muslical Watts Address Adulan my	Autopsy results
17 Burial, cremation, or removal, Which?) Date thereof 10, - 44-1947 (month) (day) (year)	22, VIOLENCE: tt death was due to external causee, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Complianty Location Odubon md	Where did injury occur?
18. Funeral directors of Mathematical Designation	Maana ot Injury Injured at work?
19. Oct 14 19 47 Olara Raslup Registrar Registrar	23. SIGNATURE. M. D. or other Address Date signed 10-11-47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	08737
BC	28
Reg. Di	at. No

					Neg. Dist. No	
1. PLACE OF DEATH: County Anne Arundel. City or town				2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
			State Maryland County Baltimore City City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
			1	(If outside city or town limits Sireet No	LOCATION)	
3. (a) FULL NAME	Kato M	urray			3. (b) Social Security	Number
	Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
S.(b) Name of hueband or wife			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 100 m. 15. 1946 118	46 to Oct. 13	1947
8. AGE: Years	March Months 7	5, 1905 Daye 10	If less than one day	Immediate cause of deathI.ungTu		- 1-1 1
9. Birtholace				Due to.		
12. Name Edward Murray 13. Birthplace NORTH CAROLINA				Other conditions	Paranoid	11/15/46
14. Maiden name Minnie Greene 15. Birthplace North Carolina 18. Informant Hospital Records Address Crownsville Maryland 17. (Burlat, cremation, or removal, Which?) Cemetery or crematory Family John Location Address 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				(Include pregnancy within 3 m		
			ls	Autopsy results	ich death should be charged	
			of	22. VfOLENCE: If death was due to external caus Accident, suicide, or homicide	Daie of	
			Julyin Charles	Injured al home, farm, Industry, poblic place (who		2.0
19. Qct 10 (Date rec'd by registre	t 19 4	7 4	1. W. Helies	23. SIGNATURE	Date signed	or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08	738	
B	. 3	50
Reg. Dist.	No	

1. PLACE OF DEATH: County Anne Arundel County City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 yrs. 9 months. 17 da Hospital, institution, or street address where death occurred: Crownsville State Hospital	Street No. 324 E. 23rd. St.	rest town)
How long in hospital or institution? 3yrs. 9 mo. 17 days	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME PETER NIXON	3. (b) Social Security P	(umber
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male Negro Single	MEDICAL CERTIFICATION 20. DATE DF DEATHQc.tober	at 10:30a
8.(6) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above atated; that I attended docare February 7 144 160ctober and that I leat as when improve on Oct. 17.	17 19.47
1. Sirth date of deceased (mo., day, yr.) 2/1922	Immediate cause of death Tuberculosis of the lung.	DURATION 2/15/47
9. 6irthplace	Due to	2/7/11
12. Name Albert Nixon 13. Sirthplace Arkansas 14. Malden name Mary Clay 15. Sirthplace South Carolina	Other conditions Dementia Praecox (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
18. Informant Hospital Records Address Crownsville, Maryland 17. Determination, or removal, Whichi) Cemelery or crematory Hospital Market M	Aatopsy results. PHYSICIAN: Please undertine the cause to which death should be charged a 22. ViOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Whera did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Meana of injury Injured at work? M. D. o	(State)

Peter Nixon
Admitted Feb. 7, 1944
Died October 17, 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

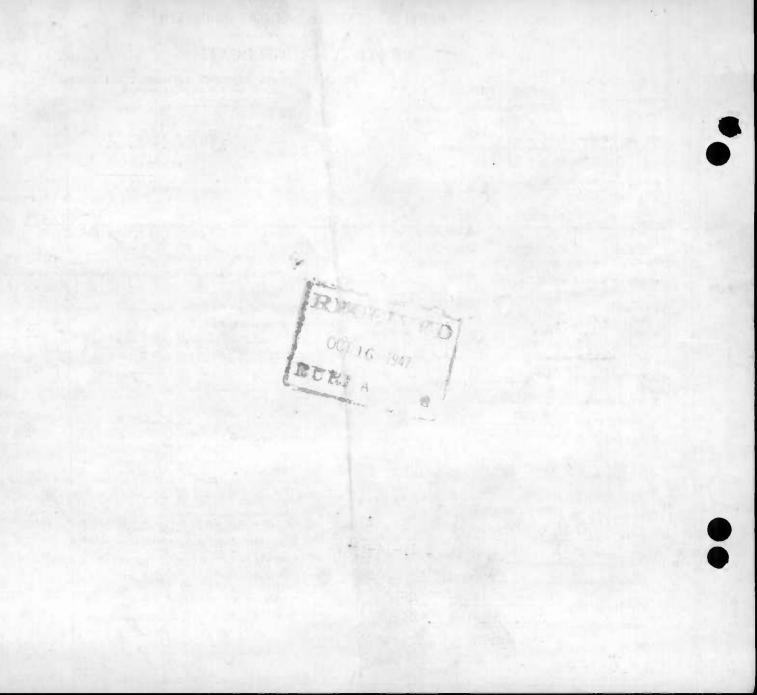
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08739 -

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH County	Annapoli de eity or town lin eath? et address where of y Hospit	S nits, write R Life leath occurred	URAL and give nearest town)	City or town Annapolis (If outside city or town in 13 Obrine (Anne Arundel mits, write RURAL and give nearest town) Court give LOCATION)	10
3. (a) FULL NAME					3. (b) Social Security Number	
Da	ansbury	Queen			214-05-2954	
	Color or race	6.(a)Singi	e, married, widowed, or divorced	20. DATE OF DEATH ORDINAL	CERTIFICATION	
		6.(nyears 882	and that I last ssw h. M. alive on	19 to get 4, 19 th	2
8. AGE: Years	Months 1	Days 1	tt less than one day	Immediay cause of death	the lest	
13. Birthplace	Laborer None Thomas Q Unknown Unknown	ueen n	nd state)	Due fo		?
14. Maiden name	Unkno	wn		Major findings of operations.	Comment of the state of the sta	¥.,
16. Informant	nie Snow 4 Obrine	****************		Autopsy Vesults	which death should be charged statistically.	_
1B. Funeral director	West Str Mrs. C 43-45 No	rewer eet Ex harles rthwes	tended	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	vn) (County) (State)	, c.

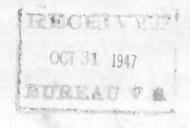


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08740

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infange give residence of mother)
County.	State maryland county forms frundel
City or town	At
How long in above place of death? All This Tige, Ho yrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death ordurred:	Street No. 7 William (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Shelton Winfred Ra	udall 2/4-05-1241
4. Sex 5. Color or race 8.(a) Single, married, without or divorced	MEDICAL CERTIFICATION 20
M. Col. married	20. DATE OF DEATH. 00. 23 19. 4/ at 10 7 M
5,(6) Name of husband or wife Darah Unguna Kanda	
4	Termorten oxamination 10
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	· O
HO 2 90hrsmin.	tractive of stull
9. Birtholace Amapolis 18. A. Coma.	Due to
(Town, county, and state)	100 - pick in left side
10. Usual occupation	Due to
11. Industry or business	II WIN
12. Name Jours Randall 13. 8 irthplace A. A. South River	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Chisaluth Eurston 15. 8 irthplace Skidmure had.	Major findings of operations
\$ 15. 8irthplace \$ 100 Wile Ma.	Date of op.
16. Informant VVVI SCHOOL V. Canadace	Autopsy results
Address 9 Monument of Amagain	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. Amucide Date of 10-75-47
Cemetery or crematory, Brewls Holl amelery	Where did Injury occur? (City or pown) (County) (State)
West of exter.	Injured at home, form, Industry, public place (where?)
Location North Property Property Property Property Control of the	Means of injury blesset matriment + re of Injured at work? no
18. Funeral director.	med. Ol m Reath MD method
Address 45 Monumen A Attagram	28. SIGNATURE Thu Caffy M. M. Medical
19 Oct 29 19 47 1 - long	hundrows My policion in 126 147
[] (Date rec'd by registrar) Registrar	1) Address



information carefully. There of death clearly and legibly

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vev	rite
pply	se w
Su	oleas
INK.	ns: pl
7, WITH UNFADING INK. Suppl	Physicia
UNF	tant.
WITH	mport
EASE WRITE PLAINLY,	is especially
WRITE	
EASE	

	CERTIFICATE OF DEATH	Reg, Dist. No.
1. PLACE OF DEATH: County	Street No. 200 East	County Que annolel
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Louise M.	Recker -	3. (b) Social Security Number
4. Sex 8. Color or race 6.(a) Single, marrie	ed, widowed, or divorced MEDICAL	CERTIFICATION
Demale White Mion	med 20. DATE OF DEATH Wed; Och	oba 22, 19 47, 112:15
les -	e, give age	1947 10 O area 22- 1947.
9. Sirihplace Crown, county, ond state) 10. Usual occupation A Course County (and state)	Due to.	
11. Industry or business (1) to the state of	Other conditions	
14. Malden name. Mary Smith	(Include pregnancy within	
16. Informant Edwar & Rech	os - (Sustand hotopsy results.	
Address 2006 Journal Que, B	Accident, suicide, or homicide	causes, fill in the following;
Location Rule andel	Co. Mod Injured at home, farm, Industry, public place	(where?)
18. Funeral director. A.	Ota 30 h-07	Injured at work?
19. Lot at 19 K7 A W	23. SIGNATURE Chestra Rul Registrar Address 2532 Edwards	m. Date signed 10-23-47.

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VS A15

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No.

County	State County Cou
3.(a) FULL NAME Howard H. Reichent	ash 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION about 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
8. (b) Name of husband or wife. Septembet 10, 1885 8. AGE: Years Months Days If less than one day 62 0 77 hrs. min.	21. I CERTIFY that death occurred on the date above strand the testimore degraced decay and Bell Mark camber a give on 18 47. Immediate cause of death for one of death of the control o
9. Birthplace Livey Dool A. (Town. county, and state) 10. Usuat occupation Labore 11. industry or business Caypenty	Due to
12. Name. Panial Reichenbach 13. Birthplace Liverpool fa. 14. Malden name. Mary Horrold	Other conditions
15. Birthplace Liverpool a. 16. Informan Mrs. Laura Reichenbach Address Liverpool Pa. 17. Durial, cremation, or remotal, Which?) Date thereof DC to 1947. (Burial, cremation, or remotal, Which?)	Autopsy results
Location Liver Pool Cem, Location Liver Pool Cem, 18. Funeral director Thomas W. Dirighton Address Glew Burnie Amd.	Where dld Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury injured at work? Activity 23. SIGNATURE ALL M. Examines
19. (Date ree'd by registrar) 19. (Date ree'd by registrar) 19. (Date ree'd by registrar)	23. SIGNATURE M. D. or other Address Date signed 10-7-4.7

RECEIVED Permit given to Polmer R. Garman OCT 9 1947 BUREAT Int Pleasant Mills Penna:

> Palmer R. Garman mt Pleasant Mills

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

1600

08743

CERTIFICATE OF DEATH

- 1

	CERTIFICAL	Reg. Dist. No.
nne Aru nnapoli le city or town li eath? 3 de et address where l Hospi	S. Md. mits, write RURAL and give nearest town) [AYS. death occurred: tal. Annapolis. Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Louisiana Couoty St. Anthony Parish City or town New Orleans (If outside city or town limits, write RURAL and give nearest town) \$ treet No. 412 S. Murat Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
RICHAF	D PATRICK RICKEY	3. (0) Social Security Number
Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W	Infant	2D. DATE OF DEATH. 15 October 19 47 at 4:30A m
		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Octa 19 47 to 15 Oct 19 47. and that I last eaw h imalive on 15 October 19 47. Immediate cause of death.
Monthe	Days If lese than one day 3min.	CEREBRAL HEMORRHAGE 3 days
ard Cal ucasvil	vin Rickey le, Ohio	Other conditions (Include pregnancy within 8 months of death) Major fieldings of operations.
New Orl	eans. La.	misjor nodiogs of operations. Date of op.
Naval	Hospital, Md. Date thereof (month) (day) (year) Laylor Sync	Actopsy resolts. A VITIPLE CEREBRAL HEMOR. PHYSICIAN: Please ouderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	mapolice city or town line eath? 3. de et address where it 1. Hospi illution? 3. de RICHAR Color or race W 12. Oc. Monthe polis, (Town, and Calucasvil ose Fra New Orlice). Naval apolis, en apoli	nne Arundel nnapolis, Md. de city or town limits, write RURAL and give nearest town) eath? 3 days et address where death occurred: 1 Hospital, Annapolis, Md. dilution? 3 days RICHARD PATRICK RICKEY Color or race 6.(a)Single. married, widowed, or divorced W Infant Ife



PLAINLY, vis especially

PLEASE WRITE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08744

CERTIFICATE OF DEATH

CERTIFICATI	Reg. Dist. No.
City or town Of outside city or town limits, write RURAL and give nearest town)	2. USUAL ESIDENCE (HOME) OF DECEASED: (Formy Many Mants give residence of mother) State
How long in above place of death? Hospital, Institution and street address where death occurred: How long in hospital or institution?	Street No. (If rural, give LOCATION)
3. (a) FULL NAME A Second or grade	3. (b) Social Security Number 212-01-8048
Junde Imale That Indian	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wite ASUT COGUS 6.(c) If all ve give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death ACUTE CARDIAE DURATION
8. Birthpiace Buth min.	Due to ARTERIOSCLEROTIC HEART
1B. Usual occupation	DUE TO AND ASTHMATIC BRONCHINS
11. Industry or business and the state of th	Dther conditions
14. Maiden name and make the state of the st	(Include pregnancy within 3 months of death) Major findings of operations
16. Informatification of the state of the st	Antopsy results
Address Date thereof (month) (year)	22. VIOLENCE: 1f death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
19. 10.11 19. 20 No. Hadub	23. SIGNATURE M. D. or other Se Branie M. D. or other
(Date fee'd by registrar) Registrar	Address Date signed Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 451

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred: How long in hospital or institution?	Street No
3.(a) FULL NAME Mary a. Cuss	3. (b) Social Security Number
4. Spx 5. Color or race 6.(a) Single parried, widowed, or divorced temple White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH (CC). SO. 1947.21.30.10
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18.47, to 0.47 and that I last saw h
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs	Immediate cause of death The formation of the formation
9. Birthplace	Due to allew fellens when
11. Industry or business 12. Name	Due to
13. Birthplace Dover Deli 14. Maiden name Jessefa B. Milhell 15. Birthplace Charafactic Carl	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Mrs. melines mechine	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day (year)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Commetery or cremery	Where did Injury occur?
18. Funeral director. House My Vaylas. Son	Meens of injury Injured at work?
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE LEAST M. D. or other Address Arrysolis M. Date signed 10: 21: 4



OCT 22 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08747

CEDTICIOATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: —For newborn infants give residence of mother)
City or town. A case of the control	State County . County . A. A. County . City or town
How long in above place of death? / lose Hospital, institution, or street address where death pocurred: Former Road,	(If outside city or town limits, write RURAL and give nearest town) Street No. Forest Ave. & Dorsey Rd.
How long in hospital or institution?	(If rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Walter George Leeber	3. (b) Social Security Number 705-12-1258
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tw. W. Widowed.	20. DATE OF DEATH October 12 19.47 at & P. M.
B. (b) Name of hysband or wife Edna R. Hamilton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Tranch - 22 - 189.5	and thal I last saw halive on
8. AGE: Years Months Days If less than ooe day	Immediate cause of death OURATION
5 2 6hrsmln.	Chefral Hemoratoge
9. Birthplace Zallerroll Mis. (Town, county, and state)	Due to
10. Usual occupation O. V. roughostation clesh.	Que 10 Sucharye of wserolven
11. Industry or business 12. Name/Leney Leilert	Other conditions register being beneat
13. Birthpiace Serviany, Europe.	Office Conditions 2
14. Malden name Barbara ?	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Germany	
18. Informations. Lawrence Luck (daughtel	Autopsy results
Address Dorsey, med.	22. VIOLENCE: If death was due to external causes, Ill in the following:
(Burial, cremation, or removal, Which?) Oale thereof	Accident, suicide, or homicide Lucelle Date of 107174)
Cemetery or crematory Loudon Park Com.	Where did injury occur? Dasself G. A
Location Balto. Md.	Injured at home, farm, Industry, public place (where?) Kariel Means of Injury Revoluter - California Injured at work? No
18. Funeral director. WM. J. TICKNER & SONS. Balto., Md.	1 - WD 1 1
Address Balloo, Nat.	23. SIGNATURE SIGNATURE STATE
19. (Date rec'd by registrar)	Address Asland Samming Day Date signed after

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 0019

Reg. Dist. No. 2 2

1. PLACE OF DEATH: A. A. C.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown. City or fown. City or town limits, write RURAL and give nearest town)	State Min. County a. a. C.
How long in about place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) 11 veteran, name war.
3. (a) FULL NAME Charles F. Sellie	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION um
M W. Married	20. DATE OF DEATH OCT. 3 M. 1947 21 12 08 M
6.(b) Name of husband or wife Nose Chersen Sellner	21. I CESTIFY that death occurred so the date above stated; that Lattender becased from
	ang 11- 1941
7. Birth date of deceased (mo., day, yr.) Way 22 4 2 1889.	and that I fast say harm alive on
8. AGE: Years Months Days If less than one day 5 8 5 9	Imprediate cause of death Megeneration - MATION
B. Birthplace Orlington Va (Toyn, goanty, and grate)	Due to Coronery Thromboses 3 yn.
10. Usual occupation. Just About Correction	Due to
11. Industry or business Person Succession States of Sta	"Ma"
12. Name Joseph Sellier.	Dither conditions
14. Maiden name will Franke 15. Birthplace Curstria	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace (Misbria	Date of op.
16. Informant John M. Sellner	Antopsy results
Address (lessure wh. //	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Weadow Ribes	Where did lajury occur?
Location near Dorsey Und.	Injured at home, tarm, Industry, public place (where?)
18. Fueeral director Wy L. Dickers + Kons	Means of Injury injured at work?
Address Baltimore, jud.	23 SIGNATURE Frank Shirley M.D.
19. Nor 3 (Date rec'd by registrar) 19.47 Whata Hossistar	Address Savace Misting Date signed 11/47.

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VS A15

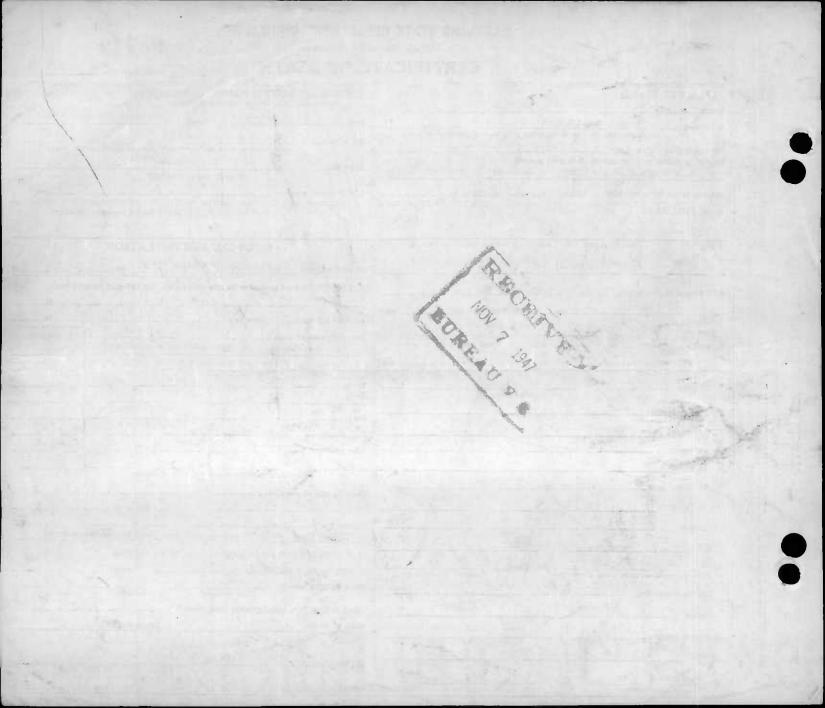
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08749 Reg. Dist. No....

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Asunde	(For newborn infants give residence of mother)
County	Sacrathand
City or town (If outside city or town timits, write RURAL and give nearest town)	State County
(5) - 1 2 1 4 1.	City or town / Bullernaal
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Market land Kansel Casselian.	Street No. 100 9 - N. Bond St.
margaret of forther	(If rural, give LOCATION)
How long in hospital or institution? One helf home	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
heckeer smith.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Colour manuel.	2D. DATE OF DEATH Oclober 2/4 1947, at 4 PA.M
B. (b) Name of husband or wife Julia Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Solt 9 1011	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Bays If less than one day	Caronary Occhesione. Ila
36 / 22	Annual An
The half Va	
9. Birthplace (Town, county, and state)	Due to
1. 10 2	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Lunker	Dither conditions
	utner conditions
LL 13. Birmprace	(Include pregnancy within 3 months of death)
14. Maiden name. Unskerner	
to the state of th	Major findings of operations.
15. Birthplace	Date of op.
18. Informant That -	Aotopsy results
2.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
14 14 1 1 2 1 1 2 1 1 2	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Durial Date thereof Nov 1-4/	NO
(Buriai, cremation, or removal Wb(ch?) (month) (day) (year)	
Cemetery or crematory (Stilling Hell)	Where did injury occur?
Location Lessuch MA	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address esser may	Gustave Atauhen Bul.
" nor 6 "47 Clara Hasluf	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Ille Burnel Date signed of 24 4



2411 N. Charles St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS A15

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEVIA: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infents give residence of mother) Slale
Matherine Vomerville	
ferrelle ne gro 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. 19. 47, al. 7 = 8. 11
8.(b) Name of husband or wife	21. I CERTIES that death occurred on the dale grow stated:
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Just and Reemd Legal
9. Birthplace Baltmore City, Mary Cand	burn of almost the
10. Usual occupation	Mohale body 15 have
12. Name	Other conditions
14. Maiden name. Frances Say 15. Birthplace Arnold Md.	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant 6 lijah Bernewille Address Jones Station Arnold Md.	Antopsy results
17. (Burlal, cremation, or removal, Which?) Dale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, accident Bale of Oct. 4, 1947. Where did injury occur? Arnold A. A. A. Mary land
Cemelery or crematory Location Location	Injured al home, farm, industry, public place (where?)
18. Funeral director. Commit G. Johnson	Means of Injury Nas play as with Neattle, Injured at work? HO
19. Cate rec'd by registrar) Address 19. Cate rec'd by registrar Registrar	23. SIGNATURE Amalodio, Maryland Dale signed Oct. 5, 1947

OCT 7 1947
BUREAU P 6

08750

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF For newborn infants give residence of m	
(1 level (serance)	State County County	$a \cdot a$.
(If outside city of town limits, write horand and give hearest town)	City or townslaw/sec	mee)
How long in above place of dealth?	(If outside city or town limits,	write RURAL and give nearest town)
Islivand Raad.	Street No. (If rural, give L	OCATION
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME		3. (b) Social Security Number
ANTON-STANEK		No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	1	RTIFICATION
no whete married.	20. DATE OF DEATH October	5= 1947 21 4A.
6.(b) Name of husband or wife ANNH-RELLNER	21. I CERTIFY that death conurred on the date above	
7, Birth date of	and that I last saw h allve on	4 10 07 T 19 47
deceased (mo., day, yr.) Open 2/=/87/	Immediate cause of death	
8. AGE: Years Months Days If less than one day	cononary osc	cereon 3 ho.
76 5 14nrsmin.		
9. Birthplace austrie - Kungary - Europe.	Due to Writsal Ina	inflectiony 3 yours
(Town, county, and staff)		
10. Usual occupation	Oue to a serio sale	now .
11. Industry or business		
E 12. Name /	Other conditions	
	(Include pregnancy within 3 mo	ontha of death)
14. Maiden name Treary? 15. Birthplacturelie Hengary, Europe	Major findings of operations	
2 15. Birthpiacleustre Hungary, Europe.		Date of op.
16. Informany 11. A. Starele (cuefe)	Autopsy results.	
Address Elen Surnel, m	PHYSICIAN: Please underline the cause to which	
17. Burla, eremation, or repropal, Which?) Oate thereof Of t 7, 1947. (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	
Cemetery or crematory LT/CN Haven	Where did injury occur?(City or town)	(Connty) (State)
Location GIEN BUYNIE, Md	Injured at home, farm, Industry, public place (whe	re?)
18. Funeral director Thomas W Lugarton	Means of Injury	Injured at work?
Address Glen Burpie Md.	22 SIGNATURE Gustone H	farbertel.
19. 1077 19.47 Z-10alla Begistrar	Address Alexe Busne	M. D. or other 2 MJ Date signed 1045/49
	MULIOSO. of . Theretical Control of of the shade of	COMPANY OF STREET

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The form is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

OCT 9 1947

2411 N. Charles St., Baltimore

08751

CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Beattre S. Stein	er
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Herried.	MEDICAL CERTIFICATION 20. DATE DF DEATH OCH 8 19.47 31 2 502
6.(b) Name of husband or wife	21. LERTIFY that death occurred on the date above stated; that I attended deceased from 19.44 to 60.75 to 19.44 7. and that I last saw h 10.44 alive on 60.44 7.
8. AGE: Years Months Days It less than one day (3 9 0hrsmin.	Immediate cause of death Circumona & Rectnin auril Metastana to dever & 79000 Due to Clouds
tD. Usuai occupation	Due to
12. Name Richard Fay Con 13. Birthplace Ollinais	Other conditions
14. Maiden name Mary & Mc Carthy 15. Birthplace Illipais	Major findings of operations. Date of op.
Address Quagealis, A. C. 17. Burial Date thereot (month) (day) (year)	Actorsy results PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the toltowing: Accident, suicide, or homicide
Cemetery or crematory Cedar Bluff Comettery	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director. Jahra PM Payler ' Sha	Means of Injury Injured at work? And STONEYURE GENERAL C. Bosel
19. Oct / O 19. 47. A Registrar) (Date ree'd by registrar)	Address auropous Bate signed & Col. 8. 47

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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De per MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	1)	8	7	10	9	21
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1. PLACE OF DEATH: County Anne Arundel City or town Annapolis, aryland (If outside city or town limits, write RURAL and give not have long in above place of death? 40 yrs Hospital, Institution, or street address where death occurred: Emergency Hospital Annapoli How long In hospital or Institution? 7 weeks	Street No. 139 Charles St. (If rurn), give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME GEORGE HENRY STER	LING 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, Male White arried	WILDIONS OF THE STATE OF THE ST
6.(b) Name of husband or wite	Immediate cause of death Due fo. Due fo. Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?)

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SUREALF

s St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

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Reg.	Dist	NI-

PLACE OF DEATH: Inty	2. USUAL (For new State
(a) FULL NAME (a) FULL NAME (b) Single, married, widowed, or divorced	
iex 5. Color or race 8.(a) Single, married, widowed, or divorced	ther &
101 1 1 1 1 1 1 1 1	
Take Thuse Marres	2D. DATE DF D
b) Name of husband or wife Mary E. Sters	21. I CERTIF
Sirth date of leceased (mo., day, yr.) Surve 4 = 1872	years
AGE: Years Months Days If less than one day	Immediate can
Birlhplace Calcut Co. And. (Town, county, and state)	Due to
Usual occupation	Due to
12. Name Samuel Stevens	Other condition
13. Birthplace Celaut Co. md.	
14. Maiden name Mary and State 15. Birthplace Calvert Co. Md.	Major finding
Informant Mary & Stevens	Autopsy resul
Address Chesterfield, Md.	22. VIOLENC
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suic
Cemetery or crematory	Injured at hom
Location	Msans of Injur
Address Ames policy	23. SIGNATUR

itreet No(If rural, giv	re LOCATION)
2.(a) If veleran, name war	
r Stevens	3. (b) Social Security Number
MEDICAL C	CERTIFICATION
	. 15 1947 10-0
D. DATE OF DEATH.	19.77. at
1. I CERTIFY that death occurred on the date a	bore stated; Market de la constant
1 a x mortegy 1	6 yournattar
	Syouination 18 4.7
	DHRATION
mmediate cause of death	11
Acute Dilata	tra, I Neast dudle. Perosis untron
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Arterio- oci	eroses unteron
hua ta	
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ther conditions	
(Include pregnancy within	months of doubh
Major findings of operations	
	Date of op
Autopsy results	
	which death should be charged statistically.
22. VIOLENCE: If death was due to external c	auses, fill in the following:
Accident, suicide, or homicide	
Whers did Injury occur?(City or town) (County) (State)
injured at home, farm, industry, public place (
	Injured at work?
Means of Injury	Deputs .
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0875471 Reg. Diat. No.

1. PLACE OF DEATH: Grundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn Infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mod . county and wunder	
How long in abeve place of death?	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred.	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Joseph Strusyles	215-09-3345	
4. Sex 5 Color or race 0:(a) Single, married, widowed, er divinced	MEDICAL CERTIFICATION //5	
M W married	20. DATE DE DEATH O T	
Catherine Street leven	217 I CERTIFY that death occurred on the date above stated: that I attended deceased from	
8.(b) Name of husband or wife	ung 15 1847, 10 Det 1 1847	
7. Sirth date of	and that I last saw h	
deceased (mo., day. yr.) 8. AGE: Years Mooth Days if less than one day	Immediate cause of death EMACIATION DURATION	
0. 100.		
4 9min.	TUBERCULOSIS - DIFFUSE	
9. Birthplace (Town, county, and state)	BICATERAL QUEMONARE	
10. Usual occupation Long share man	19TCATERAC POEMINIAG	
11, Industry or business	Due to	
12 Hame and hours Strusakanshi	A1	
13. Sirthplace Pala	Dther conditions	
	(Include pregnancy within 8 months of deeth)	
14. Maiden name Landons & January 15. 8 tribpiace Poland	Major findings of operations	
El 15. 8irthpiace Portand	Date of ep.	
16. interment mass Catherine Dirug yhoush	Autopsy results.	
Address P. D. Meller sville ne	HYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	22. VIOLENCE: if death was due to external causes, till to the fellowing;	
	Accident, suicide, er hemicide	
Cemetery er crematory ADALLAND CALL	Where did injury eccur?	
Location Baltigrand Cohursty	Injured at home, tarm, industry, public place (where?)	
18. Funeral director John M. Welrey	Means of injury Injured at work?	
Address up A. Chester street	7000 72 20	
Bet 2 1/2 11 Hel. 1	23. SIGNATURE M.D. or other	
19	Address Glen Burnie My Date signed 10/1/x7	

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF PEATH: County City or town. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother) State County County	
3. (a) FULL NAME Amelia Archer Tw.	3. (b) Social Security Number	
4. Sex female 5. Color grace (6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.47, at 1 - A	
6.(b) Name of husband or wife Constant usual 6.(c) If alive, give age 82 years	21. I CERTIFY that death occurred on the date attorp stated: that I attended deceased from Post morter Examination 19 and that I last saw is. 19 4.7.	
8. AGE: Years Months Days It less than one day 78 7 22	Immediate cause of death DURATION Quife Dilafation & Heast sudden	
9. Birthpiace Delair Harford Co., Ad. (Town, county and state) 18. Usual occupation Housewife	Due to. Hypertension +: Due to. Jasterio selevoso	
11. Industry or businers) 12. Name Poland D- archer 13. Birthplace Delaw May land	Dther conditions. (Include pregnancy within 3 months of death)	
14. Maiden name Eurona Wrintes. 15. Birthplace Belair, Mar	Major fiadings of operations	
Address 4424 - 7th St. W.W. Wash D.C. Buil Date thereot 3 or 2/947	Autopsy results	
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did Injury occur?	
18. Funeral director Location Address 400 Elmondron And	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? Means of Injury Injured at work?	
19. 11-2 47 alexand	23. SIGNATURE AMADO Los MA Date Signed 11-5-4	

PLEASE WRITE

A15 VS

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08755 Reg. Dist. No. 21

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County C. C.	(For newborn infants give residence of mother)	
City or town(If outside city or town limits, write RURAL and give placest town)	State County County	
How long In above place of death?	(if outside city or town limits, write R) RAL and vive nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. White Hall Beach	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) ti veteran, name war	
3. (a) FULL NAME Harry W. Yellows	3. (b) Social Security Number	
4. Sex 5. Color or race () 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M w Married	20. DATE DE DEATH 0 N 11 19 47, 21 2 20 PM	
Flingle 761 VIII	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	July 27 19.41 10 Ocr 11 19.47	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) Cuguet 1722 1880	Immediate cause of death.,	DURATION
8. AGE: Years Months Days It tess than one day	Corman orslusion	
62 27hrsmin.		
8. Birtholace Great Mack Jone Albert	Due to Carterias levotre cando	
(Town, county, and state)	vas what discuse	امرادا.
1D. Usual occupation	Due to	* *************************************
11. Industry or business		
12. Name	Other conditions	*
	(Include pregnancy within 3 months of death)	
14. Maiden name Rasamuskle Diem. 15. Birthplace Vermany	Major findings of operations	
S 15. Birthplace Vermany		
16. informant Colgar a Yellman	Autopsy results	
me to De le	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 10 200 Act 142 1944	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
17(Buril, cremation, or removal. Which?) Date thereol(month) (day) (year)	Accident, sulcide, or homicide	
Cemelery or crematory.	Where did injury occur?	(State)
Mars Manh City	tnjured at home, tarm, industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director		
Address annapolis Marylang	23 SIGNATURE S- Bons. Il Un D	
Det. 14 "47 M- Tarnel	M. D.	or other
19	Address Church sels Me 3 Date signed	·10/13/20





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MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		OBINITION I	Reg. Dist. No.	
1. PLACE OF I	ANNE	ARUNDEL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Outside training School Laure, Mo		mits, write RURAL and give nearest town)	State County ANNE ANDE County Of town County ANNE ANDE County or town limits, write RURAL and give Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	KEL
3. (a) FULL NA	ME THOM	AS WASHINGTON	3. (b) Social Securi	ty Number
4. Se1	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH	7 1505 A
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-26 18 43, to 10.8-19.47 and that I last saw h. 1.14. alive on 10-7-47 19.	
8. AGE: Ye	ears Months	Days If less than one day 24hrs. min.	Immediate caose of death	1/
9. Birthpiace Wash. D.C. (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name Georet 13. Birthpiace Md. 14. Maiden name Gussie 15. Birthpiace Md. 15. Birthpiace Md. 16. Informant History - D.C. Training School Address LAUREL, Md.			Due to. but the infury wasth. Spantic guadriftegia	
			Other conditions MICHTR/ deficiency - 1010+	birth
			(Include pregnancy within 3 months of death) Major fiadings of operations	
		. MC	PHYSICIAN: Please ooderline the cause to which death should be chara	red statistically.
17 Removal Bate thereof (month) (day) (year) Cemetery or crematory (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Location Washington De		fer DS	Injured at home, farm, industry, public place (where?)	
18. Funerat director Samus & Marine Wash. 4. De Address 614 - 4" St. S. Wash. 4. De Dann & Casher (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar		Claridaslun	23. SIGNATURE Janes Sem. Address District - School Bate sign	D. or other 10/8/4



To Commission of the state of t

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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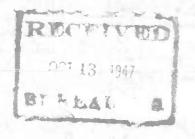
08758

CERTIFICATE OF DEATH

Dia No. 21

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Tenuale Whete Sengle	MEDICAL CERTIFICATION 20. DATE OF DEATH. CULTOBER 19. 4. 7. at 5. 30 P. M.
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
91 7 10 hrs. min. 9. Birihplace	Due to Fracture reach 3
11. Industry or business 12. Name C	Dther conditions
14. Maiden name Leacenda Pindell 15. Birthplace West River - a-Q-Co ked. 16. Informant Gertunde Q - Welch 16. Informant Gertunde Q - Welch	Major findings of operations
Address 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Chaist Classical Cemeters	(city of town)
1B. Funeral director Jahren M. Paylor & San Address Ormapalo M. Saylor	Injured at home, farm, Industry, public place (where?) Misans of Injury Slipfiel & fell · Injured at work? 123. SIGNATURE A. M. D. or other
19. Otto (O) 19 47	Address Lottien m. Date signed 10/9/47

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (b) Social Security Number
Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 721 P. M.
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 16 4 15 hrs. min. 9. Birthplace Day Replie Q. C M. d. (Town, county, and ataste) 10. Usual occupation. Muchand at Auropalia 11. Industry or business 12. Name Glange School Archard 13. Birthplace Canapalia Told	21. I CERTIFY that death occurred on the date about ated: 12000000000000000000000000000000000000
16. Informant Address 17. Burial, cremation, or removal, Which? Cemetery or crematory Location Address Address Address Address Location Address Address Location Address Registrar Registrar	Antopsy results

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 18 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()876() Reg. Dist. No. 28()

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne Arundel City or town Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Crownsville, P.O.	
above Crownsville, P.O.	(If rurel, give LOCATION)	
3.(a) FULL NAME Agnes Wtzik	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White8 Widowed	MEDICAL CERTIFICATION Oct. 29 1947 at 2 PM	
8.(b) Name of husband or wife	21. I DERTIFY that death occurred on the date above stated; that I attended deceased from OCF. 20, 19.47, to OCF. 25 19.47, and that I last saw h. CY. alive on OCF. 23 18.47.	
8. AGE: Years Months Days if less than one day	Olumie Endocarditis 2 years	
9. Birthplace	Due to Aud decompensation, 14th	
12. Name Joseph Rosemark 13. Birthplace Poland	Dther conditions	
14. Maiden name unknown 15. Birthplace unknown 16. Informant Mr. Stanley Sowinski	(Include pregnancy within 3 months of desth) Major fiedings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 4701 N. Point Rd Dundalk, Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. St Mary's Cemetery. M	Where did njury occur?	
Annapolis, Maryland 18. Funeral director. Ben 1. Hopping and Son Address 170-172 West St. Annapolis, Maryland	Var 1 1 1 1 1 1 1 1 -	
19. Oct 25, 1947 E. F. Joyce Local (Date rec'd by registrar) 19. Registrar	23. SiGNAYOR M. D. or other	



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PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

/ CERTIFICATION	Reg. Dist. No.
1. PLACE OF DEATH: County Onne Organist	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5-/ (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Mary E. Winds	3. (b) Social Security Number
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Wilawed	20. DATE DE DEATH OCL 20 19.4) , 31 2 A
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from 19. 40, 10. 0 cf. 30. 19. 47.
7. Birth date of deceased (mo., day, yr.) June 16 th 1861	and that I last cause of death
8. AGE: Years Monthe Days It less than one day 4hrsmin.	Myserus che 74e
9. Birthpiace Churches, G. G. Co., M. C. (Town, county, and state)	Due to allentelesse unlesse
1D. Usual occupation	Due fo
11, Industry or business	
12. Name Jahn & Ydawe 13. Birthplace Q. Q. Co. Md.	Dither conditions thereadly because I gen
14. Maiden name Sarah F. Rensall 15. Birtholace a. a. Co. M.	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace 4. 9. Co. MB.	
16. Interment Miss. Thomas J. Cummings	Antopsy results
17 Burial Date thereof 10/22/47	22. VIOLENCE: tf death wae due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, euicide, or homicide
Location Qualify And A.	(City or town) (County) . (State)
1 am F. f. r.	Meene of Injury tnjured at work?
18. Funeral director.	The area of the original states of the state
Address winepaus,	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address aufal M Bate signed 10. 2/-4

OCT 22 1947

PLAINLY, WKEHUNF, is especially important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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۲.	Diat.	No
3	06	02

1. PLACE OF DEATH: County. County. City or town. (If outside city or town limits, write RORAL and give nearlest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (b) Social Security Number
3. (a) FULL NAME Mary Lee Wright	
4. Sex female 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. Def. 26. 19 47. 11 12 p. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date (bole stated; that fallend occlared com
7. Birth date of The second 1941	Acardada Lame on 19
8. AGE: Years Months Days It less than one day 5 24	Immediate cause of death DURATION
9. Birthplace	Due to.
1D. Usual occupation.	Due to
12. Name Thomas T. Wright 13. Birthplace Wilmington Del.	Dther conditions
14. Maiden name Elizabeth Am Hubbard	(Include pregnancy within 3 months of death) Major fiedings of operations.
16. Informant Thomas 7. Mighi	Actors results
Address Revial Back Curks Bay 1.0 Md 17 Burial, cremation, or removal. Which? Cemetery or crematory	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide. Accident Where did injury occur? Accident Black Fish. May faul
18. Funeral director Singil Mode & Son	Injured at home, farm, Industry, public place (where?) Means of injury fell of free injured at work? Defauts Of m Klaff M & medical
19. (Dete res'd by registrar) (Dete res'd by registrar)	23. SIGNATURE AM SALES M. E. Largerer. Address Annapoles, Ma Date signed 10-26-47.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

AFFERE

08763 Reg. Diat. No. 22

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Can'	11) al 12 a Beatle
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or jown
How long in above place of death?	
	Street No. 2 7 Cold & Alle Sugar Location)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Stanley mesle Wret	t, 232-10-7454
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. single	2D. DATE OF DEATH O ctapes 9 - 1947 at 7. 50 A. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) A = 1897	
8. AGE: Years Months Days If less than one day	Immediate cause of death
49925nin.	
a sureline 111 11 11 1 samuel	Oue to
9. Birthplace	UU 10
10. Usual occupation called and Countill, Mrs.	Due to.
11. Industry or business	
12 Home C. O. Watt.	Other conditions
12. Name C. O. Watt.	
	(Include pregnancy within 3 months of death)
# 14. Malden name wasy a celps	Major findings of operations
14. Maiden name wasy a . C. p. p. 15. Birthplace W. Va.	
1 A / 1	Date of op.
18. Informant L - Wall	Autopsy results
Address Charleshown, A.Va.	
B.L. 0 10-4-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
edge Tail	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director alorin Striker Co.	Means of Injury Injured at work?
12 Carlos 72 3d 16 a	1. L. W. T. O. D. M.
Address lasteria. It pla.	23. SIGNATURE Sustan & Facterius
Oct 10-8 117 KONAGA MONALIS	detering Trusteas (parties M. D. or other,
19. (Date rec'd by registrar) Registrar	Address Islaw Burnel, no Date signed 1 of 8/4)

